United Nations A/AC.253/16

General Assembly

Distr.: General
9 February 2000

Original: English

Preparatory Committee for the Special Session of the General Assembly on the Implementation of the Outcome of the World Summit for Social Development and Further Initiatives
Second session
3-14 April 2000
Item 2 of the provisional agenda*
Preparations for the special session of the General Assembly on the implementation of the outcome of the World Summit for Social Development and further initiatives

Review reports and proposals for further action and initiatives submitted by organs and specialized agencies of the United Nations system and other concerned organizations

Note by the Secretary-General

1. The Preparatory Committee for the Special Session of the General Assembly on the Implementation of the Outcome of the World Summit for Social Development and Further Initiatives, in paragraph (a) of decision 1 on the role of the United Nations system,[1] invited all relevant organs and specialized agencies of the United Nations system and other concerned organizations to elaborate and submit review reports and proposals for further action and initiatives, taking into account national reports submitted by Governments. In paragraph (b) of decision 1, the Preparatory Committee requested the Secretary-General, as part of his overall preparations for the special session, to make available those review reports and proposals to the Preparatory Committee at its second substantive session, in April 2000 and, where appropriate, to the Commission for Social Development at its thirty-eighth session, in February 2000.

2. In paragraph (h) of its decision 2 on further preparations for the special session,[1] the Preparatory Committee invited the organizations, funds, programmes and specialized agencies of the United Nations system, including the Bretton Woods institutions, and any other organizations which had been requested to provide reports, studies or documentation to the Preparatory Committee at its second

* A/AC.253/12.

00-28765 (E) 150200

session, to make that work available to the Secretary-General no later than 1 January 2000. It requested that each of the documents submitted should contain a short, precise summary of conclusions on the assessment of issues and proposals for further action.

3. The Secretary-General is circulating for the information of the Preparatory Committee and, where appropriate, the Commission for Social Development, the reports provided by the relevant organs and specialized agencies of the United Nations system and other concerned organizations as a series of addenda to the present note. The relevant reports will be made available as received in the language or languages of submission.

Notes

[1] *Official Records of the General Assembly, Fifty-fourth Session, Supplement No. 45* (A/54/45 and corrigendum), chap. VI, sect. B.

United Nations A/AC.253/16/Add.1

General Assembly

Distr.: General
10 February 2000

Original: English

Preparatory Committee for the Special Session of the General Assembly on the Implementation of the Outcome of the World Summit for Social Development and Further Initiatives
Second session
3-14 April 2000
Item 2 of the provisional agenda*
Preparations for the special session of the General Assembly on the implementation of the outcome of the World Summit for Social Development and further initiatives

Review reports and proposals for further action and initiatives submitted by organs and specialized agencies of the United Nations system and other concerned organizations

Note by the Secretary-General

Addendum

Contribution from the United Nations Conference on Trade and Development

1. The Preparatory Committee for the Special Session of the General Assembly on the Implementation of the Outcome of the World Summit for Social Development and Further Initiatives, in paragraph 2 of the annex to decision 1,[1] invited the United Nations Conference on Trade and Development (UNCTAD), in collaboration with relevant organizations and in the context of its ongoing work relating to the formulation of a positive agenda for trade for developing countries, to carry out an assessment of the sectors and products where action could be taken to further liberalize markets with a view to increasing market access for the exports of developing countries.

* A/AC.253/12.

00-28913 (E) 210200

2. In response to that request, the Secretary-General wishes to draw the attention of the Preparatory Committee to the following documents, which UNCTAD has indicated are relevant to the question:

(a) Joint UNCTAD/World Trade Organization study entitled "The post-Uruguay Round tariff environment for developing country exports: tariff peaks and tariff escalation" (TD/B/COM.1/14/Rev.1 of 23 July 1999);

(b) Note by the UNCTAD secretariat entitled "Analysis of experiences in selected service sectors" (TD/B/COM.1/28 of 17 August 1999);

(c) Background note by the UNCTAD secretariat entitled "Assessment of trade in services of developing countries: summary of findings" (UNCTAD/ITCD/TSB/7 of 26 August 1999).

Notes

[1] *Official Records of the General Assembly, Fifty-fourth Session, Supplement No. 45* (A/54/45 and corrigendum), chap. VI, sect. B.

United Nations A/AC.253/16/Add.2

General Assembly

Distr.: General
10 February 2000

Original: English

Preparatory Committee for the Special Session of the General Assembly on the Implementation of the Outcome of the World Summit for Social Development and Further Initiatives
Second session
3-14 April 2000
Item 2 of the provisional agenda*
Preparations for the special session of the General Assembly on the implementation of the outcome of the World Summit for Social Development and further initiatives

Review reports and proposals for further action and initiatives submitted by organs and specialized agencies of the United Nations system and other concerned organizations

Note by the Secretary-General

Addendum

Contributions from the United Nations Secretariat on the achievement of existing international targets

1. The Preparatory Committee for the Special Session of the General Assembly on the Implementation of the Outcome of the World Summit for Social Development and Further Initiatives, in paragraph 9 of the annex to decision 1,[1] requested the Secretary-General to undertake further efforts to evaluate the progress towards the achievement of international targets agreed on in the Copenhagen Declaration on Social Development and the Programme of Action of the World Summit for Social Development aimed at meeting the basic human needs of all, and to report thereon to the Commission for Social Development at its thirty-eighth session and to the Preparatory Committee at its second substantive session.

* A/AC.253/12.

00-28920 (E) 150200

2. In response to that request, delegations are referred to the publication entitled *Charting the Progress of Populations* (ST/ESA/SER.R/151), which was prepared by the Population Division of the Department of Economic and Social Affairs.

Notes

[1] *Official Records of the General Assembly, Fifty-fourth Session, Supplement No. 45* (A/54/45 and corrigendum), chap. VI, sect. B.

United Nations A/AC.253/16/Add.3

General Assembly

Distr.: General
10 February 2000

Original: English

Preparatory Committee for the Special Session of the General Assembly on the Implementation of the Outcome of the World Summit for Social Development and Further Initiatives
Second session
3-14 April 2000
Item 2 of the provisional agenda*
Preparations for the special session of the General Assembly on the implementation of the outcome of the World Summit for Social Development and further initiatives

Review reports and proposals for further action and initiatives submitted by organs and specialized agencies of the United Nations system and other concerned organizations

Note by the Secretary-General

Addendum

Contribution on assistance to countries with economies in transition

1. The Preparatory Committee for the Special Session of the General Assembly on the Implementation of the Outcome of the World Summit for Social Development and Further Initiatives, in paragraph 4 of the annex to decision 1,[1] requested the Secretary-General, in conjunction with the relevant United Nations funds, programmes and specialized agencies, to prepare a report on additional measures to support the efforts of the countries with economies in transition directed towards reducing the social costs of the transition process and achieving sustained economic growth, including the formulation by the United Nations Conference on Trade and Development of a positive agenda for trade for those countries, with a view to liberalizing markets and increasing access for the exports of the countries with economies in transition.

* A/AC.253/12.

00-28926 (E) 210200

2. In response to that request, the Secretary-General wishes to draw the attention of the Preparatory Committee to the publication entitled "*Transition 1999: Regional Human Development Report for Central and Eastern Europe and the CIS*",[2] which was prepared by the United Nations Development Programme.

Notes

[1] *Official Records of the General Assembly, Fifty-fourth Session, Supplement No. 45* (A/54/45 and corrigendum), chap. VI, sect. B.

[2] United Nations publication, Sales No. E.99.III.B.6.

United Nations A/AC.253/16/Add.4

General Assembly

Distr.: General
10 February 2000

Original: English

Preparatory Committee for the Special Session of the General Assembly on the Implementation of the Outcome of the World Summit for Social Development and Further Initiatives
Second session
3-14 April 2000
Item 2 of the provisional agenda*
Preparations for the special session of the General Assembly on the implementation of the outcome of the World Summit for Social Development and further initiatives

Review reports and proposals for further action and initiatives submitted by organs and specialized agencies of the United Nations system and other concerned organizations

Note by the Secretary-General

Addendum

Contribution from the United Nations High Commissioner for Human Rights**

1. The Preparatory Committee for the Special Session of the General Assembly on the Implementation of the Outcome of the World Summit for Social Development and Further Initiatives, in paragraph 5 of the annex to decision 1,[1] requested the United Nations High Commissioner for Human Rights to prepare a report, based on existing reports, on progress achieved and obstacles encountered since the World Summit for Social Development in the ratification and implementation of existing international conventions and covenants and in the implementation of other relevant human rights instruments, including the Declaration on the Right to Development.

* E/AC 253/12.
** The report is being issued herewith as received in the language of submission only.

00-28932 (E) 180200

2. The Secretary-General accordingly circulates herewith, for the information of the Preparatory Committee, the report prepared by the United Nations High Commissioner for Human Rights in response to that request.

Notes

[1] *Official Records of the General Assembly, Fifty-fourth Session, Supplement No. 45* (A/54/45 and corrigendum), chap. VI, sect. B.

Report of the United Nations High Commissioner for Human Rights

Table of contents

I Introduction

II Ratification of human rights instruments - progress achieved since the World Summit

III Implementation of human rights instruments - progress achieved since the World Summit

IV Obstacles encountered since the World Summit to the ratification and implementation of human rights instruments

V Conclusion

I. Introduction

1. In its revised decision of 6 July 1999 under paragraph 5 of Commitment One "An Enabling Environment for Social Development", the Preparatory Committee for the Special Session of the General Assembly on the Implementation of the Outcome of the World Summit for Social Development and Further Initiatives requested the United Nations High Commissioner for Human Rights to prepare a report, based on existing reports, on progress achieved and obstacles encountered since the World Summit for Social Development in the ratification and implementation of existing international conventions and covenants and in the implementation of other relevant human rights instruments, including the Declaration on the Right to Development.

II. Ratification of human rights instruments - progress achieved since the World Summit

2. Since the World Summit in 1995, there has been a marked quantitative achievement in ratification as well as a growing awareness of human rights treaties. As at 21 October 1999, 142 States had ratified or acceded to the *International Covenant on Economic, Social and Cultural Rights* ; 144 States had ratified or acceded to the *International Covenant on Civil and Political Rights* (ICCPR) ; there were 95 States parties to the *Optional Protocol* to the ICCPR and 40 States parties to the *Second Optional Protocol* to the ICCPR ; 118 States had ratified or acceded to the *Convention Against Torture and Other Cruel, Inhuman and Degrading Treatment or Punishment* ; 155 States had ratified or acceded to the *International Convention on the Elimination of All Forms of Racial Discrimination* ; 163 States had ratified the *Convention on the Elimination of Discrimination Against Women* ; 191 States had ratified or acceded to the *Convention on*

the Rights of the Child ; 12 States had ratified or acceded to the *Convention on the Protection of the Rights of Migrant Workers and Members of Their Families* (CMW). The CMW has not yet come into force.

3. This demonstrates an increase of up to 15% in the level of ratifications since the World Summit was held in March 1995.

4. Since the World Summit in 1995, there have been several initiatives directed towards promoting ratification and strengthening the implementation of human rights instruments, including the Declaration on the Right to Development. In particular, the High Commissioner for Human Rights has pursued system-wide cooperation with developmental organizations, funds and programmes with a view to supporting the enhancement of the human rights regime worldwide. Examples of some of the initiatives are as follows:

5. As part of the follow-up to the World Conference on Human Rights, the Office of the High Commissioner for Human Rights has held two regional meetings on universal adherence to the principal international human rights instruments. The first meeting was held in Addis Ababa from 14-17 May 1996 and the second in Amman from 1-4 September 1997. At each meeting, the participants formulated a "non-paper" identifying major obstacles to the ratification and implementation of human rights instruments and ways of how they may be overcome.

6. An independent expert appointed by the Commission on Human Rights to report on enhancing the long-term effectiveness of the United Nations human rights treaty systems, in his final report of 1997, made a number of far-reaching recommendations to improve the treaty system including recommendations in relation to the ratification of human rights treaties.[1] The expert considered that universal ratification of the six core

United Nations human rights treaties would establish the best possible foundation for international endeavours to promote respect for human rights, and made four specific recommendations in this area, namely: to explore, through consultations with the leading international agencies, the potential involvement of those agencies in a ratification campaign; to appoint special advisors on ratification and reporting and to earmark funds for those purposes; to examine special measures to streamline the reporting process for States with small populations; and to pay particular attention to certain categories of non-parties to human rights treaties.

7. The Executive Heads of the United Nations organizations and the Secretary-General have personally taken steps to promote the ratification and implementation of human rights instruments. In particular, the Secretary-General and the High Commissioner for Human Rights, since the 1993 World Conference on Human Rights, have regularly appealed to countries to ratify these treaties. On 1 December 1997, and again in January 1999, the Secretary-General and the High Commissioner for Human Rights sent letters as part of a global appeal to ratify the principal human rights instruments.

8. In addition, the High Commissioner for Human Rights has been working to elaborate a strategy for each major geographic region which includes the question of ratification of the human rights instruments. One of the main elements of the strategy has been the nomination of regional advisors who will engage in high-level policy dialogue with senior officials of countries in the region on all areas relating to human rights, notably in respect of the ratification of human rights instruments. Promoting ratification of international human rights instruments is also an important component of the duties of

1.Economic and Social Council, *Effective Functioning of Bodies Established Pursuant to United Nations Human Rights Instruments*, Final Report on Enhancing the Long-Term Effectiveness of the United Nations Human Rights Treaty System, Commission on Human Rights, fifty-third session, 1997, E/CN.4/1997/74.

the High Commissioner's Special Adviser for regional strategies on the promotion and protection of human rights.

9. In 1998, the UNDP and the OHCHR formulated a joint programme for human rights strengthening aimed at operationalizing the UNDP commitment to human rights. The programme for human rights strengthening (HURIST) was signed on 8 April 1999 and provides for action under five windows as follows: (1) support for five pilot programmes in five regions for setting up national human rights plans to strengthen national capacity to promote, protect and realize human rights; (2) support for five pilot programmes in five regions for designing guidelines on mainstreaming human rights in UNDP sustainable human development country programmes; (3) organization of regional, sub-regional, and national workshops for the promotion of ratification of the principal human rights instruments; (4) organization of a seminar advancing the global dialogue on the impact of globalization on the enjoyment of human rights; (5) support to UNDP country office projects for programming in the field of human rights.

10. The two main aspects of the HURIST programme that promote the ratification of human rights instruments are the first and third windows. Under the third window, a series of workshops are foreseen at the regional, sub-regional and national levels with the participation of representatives of States that are not parties to most of the principal treaties. Participating States will be encouraged to send several representatives to the workshops from the main departments or ministries dealing with questions of human rights and ratification of international treaties. The intention is to enable in-depth discussion among participants on the obstacles to ratification and formulation of concrete strategies to overcome these obstacles. Under the first window, the HURIST programme will assist governments to draw up national plans of action on human rights that specifically include components promoting the ratification of human rights treaties.

11. Generally, the technical assistance programmes of the Office of the High Commissioner for Human Rights promote the ratification of human rights instruments by States and assist them in the task of implementation. In the *Vienna Declaration and Programme of Action* adopted in June 1993, the World Conference on Human Rights recommended that the then Centre for Human Rights, through its advisory services and technical assistance activities and on request from States, assist States in the preparation of Plans of Action for human rights at a national level. The OHCHR now assists States in developing and implementing national plans of action, which includes the promotion of ratification of human rights instruments as an essential component.

12. OHCHR is assisting States in elaborating and implementing national plans of action at both the regional and national level. Regionally, in July 1999, the OHCHR facilitated a workshop in Bangkok for the Asia/Pacific region to assist States identify best practices in the formulation of national plans of action on human rights. The workshop identified a set of possible elements to facilitate the development of national plans of action, which includes agreement that one of the fundamental purposes of such plans of action is the encouragement of ratification of human rights instruments. Further regional workshops on establishing best practices for the formulation of national plans of action are planned in 2000 for Africa and Latin America.

13. At the national level, the OHCHR is assisting States directly, on request, with the formulation and implementation of national plans of action. In October 1999, a workshop was held in Armenia to assist it in formulating its national plan of action. Again, an essential component of the plan was the promotion of ratification of human rights instruments. To date, 11 countries have finalized national plans of action, namely: Australia, Bolivia, Brazil, Equador, Indonesia, Latvia, Malawi, Mexico, Philippines, South Africa and Venezuela. The OHCHR has also been active in assisting the Palestinian Authority in formulating a plan.

14. Finally, in order to encourage universal ratification of existing international standard setting instruments on human rights, UNESCO publishes annually a brochure *Human Rights: Major International Instruments*. The latest issue dates from 31 May 1999.

III Implementation of human rights instruments - progress achieved since the World Summit

15. The principle mechanisms for monitoring the implementation of human rights' instruments are the treaty bodies. Treaty bodies are composed of independent experts of recognized competence in the field of human rights who are elected by States parties. The treaty bodies act as a monitoring system to oversee the implementation of the human rights instruments by those States that have ratified or acceded to them. This is done principally through the examination of reports submitted by States parties. After consideration of the reports, the treaty bodies make concluding observations and suggestions and recommendations for the States parties to improve the implementation of the covenants and conventions. There are currently six treaty bodies: the Human Rights Committee, which monitors the implementation of the *International Covenant on Civil and Political Rights*; the Committee on Economic, Social and Cultural Rights; the Committee against Torture; the Committee on the Elimination of All Forms of Racial Discrimination; The Committee on the Rights of the Child; and the Committee on the Elimination of Discrimination against Women.

16. The growth of the reporting system is consistent with an overall increase in the level of implementation of human rights instruments. For example, the total number of reports considered by treaty bodies by 1995 was 1,244 while the total number by 1998 was 1,519. Thus, over the 1995-1998 period, the treaty bodies together reviewed 275

reports. Viewed annually, it can be seen that the work load of treaty bodies has increased steadily. In 1995, for example, treaty bodies examined 74 reports. By 1998, this figure had increased significantly, with treaty bodies examining 96 reports in that year.

17. In spite of the large volume of work completed by the various treaty bodies, there are still a considerable number of reports that are overdue under each treaty. As of June 1999, the number of overdue reports per covenant or convention were as follows: *The International Covenant on Civil and Political Rights* (131), *The International Covenant on Economic Social and Cultural Rights* (130), *The Convention on the Elimination of Racial Discrimination* (388), *The Convention on the Elimination of the Discrimination Against Women* (239), *The Convention Against Torture* (102), *The Convention on the Rights of the Child* (156). Similarly, the total number of reports which have been submitted, but which were backlogged, or pending examination before the treaty bodies was 120 in 1995 but 199 by 1998.

18. The Committee on Human Rights, the Committee on the Elimination of Racial Discrimination, the Committee Against Torture and from December 1999, the Committee on the Elimination of Discrimination Against Women have the authority to receive individual complaints on human rights abuses in certain situations. For the various committees to be able to admit and examine individual complaints against a State party, its competence in this regard much have been expressly recognized by the

2. For the Human Rights Committee to hear individual complaints, the State must be party to the First Optional Protocol to the *International Covenant on Civil and Political Rights*, for the Committee on the Elimination of Racial Discrimination, the State must declare its recognition of the Committee to admit individual complaints under Article 14 of the *Convention on the Elimination of Racial Discrimination*, for the Committee Against Torture, the State must declare its recognition of the competence of the Committee under Article 22 of the *Convention Against Torture* and in the case of the Committee for the Elimination of Discrimination Against Women, the State must ratify the recently adopted Optional Protocol to the

State concerned.[2] Of the individual complaints that have come before the various committees, the Human Rights Committee has given 333 views and as of January 2000 has 173 cases before it; the Committee Against Torture has given 17 views and, as of May 1999, has 33 cases before it; and the Committee on the Elimination of Racial Discrimination has 1 case before it and, as of October 1999, has given 3 views. The Optional Protocol to the *Convention on the Elimination of Discrimination Against Women*, adopted in December 1999, needs 10 ratifications before it enters into force.

19. However, examination of individual complaints by the treaty bodies does not in itself ensure that subsequent action is taken to protect the human rights of the complainants. States are often not forthcoming with information on follow-up to the decisions of treaty bodies and even where information is supplied, there are relatively low rates of implementation of decisions. For example, according to the Human Rights Committee, only 64% of States have provided follow-up replies on remedies for violations in individual cases, and of those responses, only 30% indicated a willingness by the State party to implement the Committee's views or offer the applicant an appropriate remedy.

20. The implementation of the *Declaration on the Rights of Persons Belonging to National and Ethnic, Religious and Linguistic Minorities* - an articulation of Article 27 of the ICCPR - has significantly progressed since 1995. In 1995, a five member Working Group on Minorities of the Sub-Commission for the Prevention of Discrimination and the Protection of Minorities was established in order to promote the rights of set out in the Declaration and monitor their implementation. The Working Group has been active in promoting dialogue between Governments and representatives of minority groups and NGOs and in promoting good practices in the area of minorities' rights. In May 1999,

Convention on the Elimination of Discrimination Against Women.

the Chairman of the Working Group issued a Commentary to the Declaration in order to clarify its purposes and to interpret individual articles. At the request of the Working Group, three seminars concerning minorities' rights have been held - in Geneva, in 1997, and in Canada in 1999, seminars were held on multicultural and intercultural education. In May, 1999, another seminar was organized in Flensburg, Germany concerning effective participation of minorities in public life at the national and regional level. Also relevant to the protection of minorities' rights has been Comment No.23 on minority rights adopted by the Human Rights Committee. The Committee requests states to include in their reports information on any measures adopted for the full protection of the rights under article 27.

21. The OHCHR has also been active in implementing the *Guiding Principles on Internal Displacement*. In 1992, in response to the growing international concern at the large number of internally displaced persons throughout the world and their need for assistance and protection, the United Nations Secretary-General appointed a Representative on the issue. The Commission on Human Rights requested the Representative to develop an appropriate normative framework for the protection of the internally displaced. To this end, the Representative developed the Guiding Principles on Internal Displacement (E/CN.4/1998/53/Add.2). Although they do not constitute a binding instrument, the Principles reflect and are consistent with international human rights and humanitarian law and analogous refugee law. The stated scope and purpose of the Guiding Principles is to provide guidance to the Representative, States, all other authorities, groups and persons, and intergovernmental and non-governmental organizations when addressing internal displacement.

22. Broad dissemination of the Principles has been assisted through their reproduction in booklet form in English, French, Spanish and Portuguese by the Office of the Coordination of Humanitarian Affairs (OCHA). Regional organizations and NGOs have

also been active in their dissemination and use, including through the convening of seminars and workshops on the application of the Principles in specific regions or countries. A workshop on internal displacement in Africa was held in Addis Ababa in 1998, co-sponsored by the Organization for African United the UNHCR and the Broomings Institution Project on Internal Displacement. A workshop on implementing the Prinicples was held in Colombia in May 1999 in Bogota, co-sponsored by the Brookings Institution Project, the US Committee for Refugees and the *Grupo de Apoyo a Organizaciones de Desplayados*. Seminars are also planned for the Asia region, to be held in Bangkok in February 2000, and the South Caucasus, to be convened in Tbilisi in May 2000. In addition, a *Handbook for Applying the Guiding Principles on Internal Displacement* that spells out the meaning of the Principles in non-technical language has been prepared by OCHA. In addition, an IASC training package on internally displaced persons is currently being developed by the Norwegian Refugee Council and is based around the Guiding Principles.

23. In relation to implementation generally, the OHCHR offers technical assistance to requesting States. Technical cooperation directly relevant to the implementation of human rights instruments includes: (1) constitutional assistance - assistance in the incorporation of international human rights norms in national constitutions. This type of assistance may take the form of advisory services of experts, the organization of conferences, the provision of human rights information and documentation, or support for public information campaigns; (2) legislative reform assistance - the OHCHR makes available international experts and specialized staff to assist Governments in the reform of their legislation, which has a clear impact on the situation of human rights. The goal of this type of assistance is to bring such laws into conformity with international standards as identified in human rights instruments; (3) treaty reporting assistance - the OHCHR provides training to enable government officials to prepare the reports due under the various international human rights treaties to which their State is a party. In

order to facilitate the training process, the OHCHR has developed a Manual on Human Rights Reporting designed to help officials charged with the task of compiling reports for the various treaty bodies.

IV. Obstacles encountered since the World Summit to the ratification and implementation of human rights instruments

24. In spite of the progress that has been made concerning ratification and implementation of the covenants and conventions and other relevant human rights instruments, there are still several obstacles that continue to slow the process towards universal ratification and implementation. The two regional meetings organized by the OHCHR on universal adherence to the principal international human rights instruments in Addis Ababa and Amman identified obstacles to ratification and implementation that can be grouped under the following headings: obstacles arising due to the complex nature of human rights, political obstacles, infrastructural obstacles, and lack of resources.

25. First, it was noted that the nature of human rights themselves had an impact on States' capacity to ratify human rights instruments. Some States have noted that uncertainties linked to the correct interpretation of clauses, have lead to reluctance to ratify treaties, especially where possible interpretations could conflict with existing domestic legislation. A lack of understanding of human rights norms and even a lack of awareness of their existence was also cited as an obstacle to ratification. In cases where the general public was unaware of the existence of treaties or lacked proper understanding of the rights provided in them, legislators were not sufficiently encouraged by popular demand to consider ratification.

26. Second, some States cited political reasons as obstacles to ratification. For example, some States agreed that the achievement and maintenance of political and economic

stability was their main priority. Where such States were faced with armed insurgent movements, contracting or stagnant economies or extremely fluctuating exchange rates, most were concerned with countering such phenomena and tended to consider that the Government could not afford to expend resources on human rights, in spite of the potential that the implementation of human rights standards offered to improving political and economic stability. Similarly, some States held the view that international human rights treaties intruded on national sovereignty or were inconsistent with traditional, religious or national values. In this regard, some countries were particularly sensitive to a perceived conflict between religious laws, traditional customs and practices on the one hand, and the implementation of human rights treaties on the other. Other countries also noted religious reasons to support their reticence to ratify and implement human rights treaties.

27. Third, infrastructural problems presented obstacles for some States to the ratification of human rights treaties. For example, some countries refrained from adhering to human rights treaties before they had established the political and administrative infrastructure necessary for their implementation, such as the achievement of a certain level of democratization, enactment of implementing legislation, establishment of an inter-ministerial unit to produce the reports required under treaties and the establishment of data collection systems. For some States, there is a perception that the act of ratification can increase already heavy administrative burdens on governments without necessarily elevating the protection afforded to their people. In this regard, the sometimes burdensome reporting process required under the covenants and conventions is seen as a drain on resources, time consuming and not always effective. Some States do not wish to ratify treaties until reform of the reporting process has been instituted. For some countries with very limited resources, often there is a political will to ratify human rights instruments, but the administrative hurdles facing new countries confronted with a stream of international instruments to implement, can at times present

an overwhelming burden to effective implementation or even ratification.

28. Fourth, many States have noted a lack of resources as a major obstacle to ratification and implementation. States with stagnant economies have identified their greatest priority as stimulating economic development and have noted that they do not have the economic resources to devote to the promotion and protection of human rights. In contrast, States with relatively advanced economies have cited a lack of human resources - personnel trained in human rights - as an obstacle both to the ratification and implementation of human rights. A lack of both financial and human resources can also be an obstacle to fulfilling the reporting requirements of the treaties, which require substantial input in terms of researching, compiling and analyzing information.

IV Recommendations

29. The following recommendations could promote the universal ratification and effective implementation of human rights treaties.

a. The activities of the OHCHR regarding the promotion of universal ratification, specifically technical assistance provided in the formulation and implementation of national plans of action on human rights should be widely expanded. Further funds should also be earmarked for technical assistance for projects to address a wide range of needs including constitutional legislative reform, training of national officials in international human rights standards and mechanisms, training of national officials in the treaty body reporting process, establishing national human rights institutions and improving coordination between relevant government departments and ministries.

b. To this end, further financial support should be given to the convening of regional seminars, under the auspices of the Office of the High Commissioner for Human Rights,

to encourage ratification and to identify obstacles to ratification and implementation faced by countries in the region.

c. The Office of the High Commissioner for Human Rights, the Department of Public Information and the field offices of the United Nations agencies and departments should more actively disseminate information regarding all treaties to officials in Government, to legislators, to non-governmental organizations, to academic institutions and to the general public. The Office of the High Commissioner for Human Rights should also be active in disseminating information within States on the instruments not ratified by that State and should be active in promoting understanding, through the dissemination of information, on the benefits of ratification both to the public and to the Government.

d. Further interagency strategies should be developed to build on the experiences gained from the HURIST programme in the promotion of universal ratification and implementation of human rights instruments.

e. Treaty bodies should be supported in their efforts to streamline the reporting mechanisms to ease reporting burdens on States parties. The issue has been under consideration by the Commission on Human Rights and the General Assembly for many years.[3] States parties should make use of the meetings of states parties to discuss issues of reforms.

---

3. See for example, Economic and Social Council, *Effective Functioning of Bodies Established Pursuant to United Nations Human Rights Instruments*, Final Report of the Independent Expert on Enhancing the Long-Term Effectiveness of the United Nations Human Rights Treaty System, Note by the Secretary General, E/CN.4/1997/74; and Economic and Social Council, *Effective Functioning of Bodies Established Pursuant to the United Nations Human Rights Instruments*, Report of the Secretary-General, E/CN.4/1998/85.

United Nations A/AC.253/16/Add.5

General Assembly

Distr.: General
10 February 2000

Original: English

Preparatory Committee for the Special Session of the General Assembly on the Implementation of the Outcome of the World Summit for Social Development and Further Initiatives
Second session
3-14 April 2000
Item 2 of the provisional agenda*
Preparations for the special session of the General Assembly on the implementation of the outcome of the World Summit for Social Development and further initiatives

Review reports and proposals for further action and initiatives submitted by organs and specialized agencies of the United Nations system and other concerned organizations

Note by the Secretary-General

Addendum

Contribution from the World Health Organization**

1. The Preparatory Committee for the Special Session of the General Assembly on the Implementation of the Outcome of the World Summit for Social Development and Further Initiatives, in paragraph 18 of the annex to decision 1,[1] invited the World Health Organization, in consultation with the United Nations Children's Fund (UNICEF), the Joint United Nations Programme on Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (UNAIDS) and other interested organizations of the United Nations system, to submit a report on progress made and obstacles encountered in achieving the goal of universal access to primary health services, such as clean water, safe sanitation, nutrition programmes, malaria and disease prevention, and reproductive health care, including for women and girls.

* A/AC.253/12.
** The report is being issued herewith as received in the language of submission only.

00-28944 (E) 170200

through existing initiatives and to make recommendations on further action. The Preparatory Committee requested that the report also be made available to the Commission for Social Development at its thirty-eighth session.

2. The Secretary-General accordingly circulates herewith, for the information of the Preparatory Committee and the Commission, the report of the World Health Organization, which was prepared following consultations with UNICEF, UNAIDS and the International Labour Organization.

Notes

[1] *Official Records of the General Assembly, Fifty-fourth Session, Supplement No. 45* (A/54/45 and corrigendum), chap. VI, sect. B.

CONTENTS

	Page
1. INTRODUCTION	4
The Report	5
SECTION A:	5
2. THE HEALTH REVOLUTION THAT LEFT OUT A BILLION PEOPLE	5
Health Problems of the Poor	6
HIV/AIDS	6
Malaria	7
Tuberculosis	8
Malnutrition	9
Maternal Mortality	9
Water-borne Diseases	10
Respiratory Infections	11
Immunization	11
3. HEALTH SERVICES IN CRISIS	12
Growing Health Inequities	12
Financing, Distribution and Delivery of Health Care	12
SECTION B:	14
MAKING HEALTH A FORCE FOR POVERTY REDUCTION – WHO'S PROPOSALS FOR ACTION IN FOLLOW-UP TO COPENHAGEN PLUS FIVE	14
Follow-up Action	14
Global Policy for Social Development	15
Integrating Health Dimensions into Social and Economic Policy	15
Health in Macroeconomic Policy	16
Trade in Health Goods and Services	16
Health and Promotion of Full Employment	17
Develop health systems, which effectively target resources on the most critical health problems affecting the poor and are financed and organized to address the determinants of health among the poor and vulnerable populations	17
Substantial reduction in the major diseases affecting the poor disproportionately, which themselves are often major causes of poverty	18
More Equitable Health Financing Systems	19
Promote Responsible Health Stewardship	19

1. INTRODUCTION

Five years after the World Summit for Social Development (WSSD) it is clear that progress in fulfilling the commitments made in 1995 has not been what was hoped for. Nevertheless, there has been tangible progress in international consensus on the essential elements of human development. There has been a shift from economic liberalisation to global social concern. There is growing consensus that effective human development policy must better integrate economic, environmental and social concerns. This includes recognition of the centrality of health: as a critical input to development; as an outcome of development which must be consciously pursued; and as a fundamental human right with a value in and of itself. Herein lies the opportunity which must be seized in Copenhagen Plus Five.

The wealth of poor people is their capabilities and "assets". Of these assets, health is the most important to the poor. A fit, strong body is an asset, while a sick, weak, disabled body is a liability, both to the person, as well as to those who must support them. Enjoyment of good health, or even mediocre health, is key to productivity. When breadwinners experience episodes of ill-health, long-term disability or death, the results can be disastrous - the entire household suffers due to loss of income combined with the cost of medical care. This is a common cause of impoverishment itself.

From this perspective protecting and promoting health are central to the entire process of poverty eradication and human development. As such they should be goals of development policy shared by all sectors - economic, environmental and social.

The Copenhagen Declaration and Programme of Action accorded responsibility for health to basic health services. This narrow perception of health grossly undervalues the contribution of improved health status of populations to development, and the potential of many sectors to foster the health of poor people in the interests of furthering human wellbeing. It is improved health status of populations and not merely the output of the health services industry, that is responsible for the positive contribution to human and social capital and hence sustainable livelihoods and human development.

Universal access to health services is important, but for health to fulfil its potential contribution to human development, the services need to have the capacity to improve health status *and* reduce health inequities which, in themselves, contribute to ill health.

The World Health Organization believes that the Special Session of the UN General Assembly in Geneva in June 2000 offers an extremely timely opportunity to build on the commitments of Copenhagen by obtaining endorsement for a more robust, multidimensional approach to human development and its social components, particularly health.

WHO will promote a *more strategic approach to health* within the global and national development agendas. That approach has four components:

- Promoting an effective health dimension to social, economic, environmental and development policy

- Developing health systems that equitably improve health outcomes; respond to peoples' legitimate demands and are financially fair
- Reducing risk factors to human health that arise from environmental, economic, social and behavioural cause
- Reducing excess mortality and disability, especially in poor, vulnerable and marginalized populations

Spurring us forward will be the realisation that progress since Copenhagen has not been what was hoped for and that new collective action is urgently required. Inspiring us in this action are new insights in development thinking that are opening windows of opportunity.

The Report

This report is necessarily brief and selective, responding to the request of the Preparatory Committee for information on progress in achieving universal access to primary health services. It also includes a summary global update on the main conditions and diseases which disproportionately affect the health of the poor. The final section sets out a number of proposals for action, within the Copenhagen framework, which WHO believes can make health a significant force for poverty reduction.

The information in this brief report will be supplemented by the World Health Report 2000 and an additional special report on Health in Poverty Reduction, both of which will be available by the time of Copenhagen Plus Five.

SECTION A:

2. THE HEALTH REVOLUTION THAT LEFT OUT A BILLION PEOPLE

The 20th century has seen a global transformation in human health unmatched in human history. However, overall improvements in health and human development over the past three decades can be illustrated by the following:

- Infant mortality rates have fallen from 104 per 1,000 live births in 1970-75 to 59 in 1996. On average, life expectancy has risen by four months each year since 1970.
- Per capita income growth in developing countries has averaged about 1.3 percent a year, bringing relief from poverty for millions of people.
- Governments report rapid progress in primary school enrolment. Adult literacy has risen, from 46 to 70 percent.[1]

We can soon expect a world without poliomyelitis, no new cases of leprosy, and no more deaths from guinea worm. But over one billion people will enter the 21st century without having benefited, their lives short and scarred by a ruthless disease. WHO's International Classification of Diseases classifies it under the code Z59.5. It stands for extreme poverty.

1 World Bank. Poverty Net. http://www.worldbank.org/poverty/data/trends/income.htm

Unacceptable and growing disparities in health between rich and poor countries, rich and poor people, between men and women, are the main characteristics of human kind at the start of this new millenium.

Health Problems of the Poor

It is hard to give a detailed, up to the minute, account of what has happened to the health of poor and vulnerable populations since 1995. We must frankly acknowledge the poor quality or, in some instances, absence of data is a significant obstacle to tracking the trends in health status, particularly of the poor.

However, it is now generally recognized that the many dimensions of poverty including lack of basic education, inadequate housing, social exclusion, lack of employment or opportunities, environmental degradation, and low income each pose a threat to health. On all health indicators studied by WHO, the poor within a given society fare worse than the better off. Compared to their fellow citizens, those living in absolute poverty are, on average:

- Five times more likely to die before reaching the age of 5;
- Two and a half times more likely to die between the ages of 15 and 59.

Deadly infectious diseases such as HIV/AIDS, Malaria, Tuberculosis, and diarrhoeal diseases, disproportionately affect poor people. They exert devastating effects on households and national economies. WHO therefore accords high priority to controlling them, a task made especially difficult by the evolution of drug resistant microbes.

HIV/AIDS[2]

The number of people living with HIV exceeds 33 million, increasing by 10% in the one year up to the end of 1998. 13.8 million (43%) of these were women, and 1.2 million were children. Virtually every country in the world continues to see new infections.

- More than 95% of all HIV-infected people now live in the developing world, which has likewise experienced 95% of all deaths to date from AIDS, largely among young adults who would normally be in their peak productive and reproductive years.
- Sub-Saharan Africa is home to 70% of the people who became infected with AIDS in 1998. It is also the region in which four-fifths of all AIDS deaths occurred in 1998. Since the start of the epidemic, 83% of all AIDS deaths so far have been in the region. Among children under 15, Africa's share of new 1998 infections was 9 out of 10. At least 95% of all AIDS orphans have been African and orphan families are becoming commonplace.
- The multiple repercussions of these deaths are reaching crisis level in some parts of the world. Whether measured against the yardstick of deteriorating child survival, crumbling life expectancy, overburdened health care systems, increasing orphanhood, or bottom-line losses to business, AIDS has never posed a bigger threat to development.

2 Source for data in this section: UNAIDS. "AIDS epidemic update: December 1998. UNAIDS/WHO, Geneva, 1998.

- The economic effect of HIV/AIDS on households is devastating: from household surveys in Africa and Asia we know that families living with HIV/AIDS have a substantial income reduction of 40-60%. This loss is compensated through spending of savings, borrowing, and reduction of consumption.[3]
- HIV/AIDS illustrates the effect of multidimensional poverty on health. Socioeconomic factors contributing to the spread of HIV/AIDS include: income poverty, illiteracy; gender inequality; increased mobility of populations within and between countries; and rapid industrialization involving the movement of workers from villages to cities, and consequent breakdown of traditional values.[4]
- HIV/AIDS also illustrates the equity gap. Successful public health measures have stabilized the epidemic in most developed countries, but this is true of only some developing countries. Many developing countries are experiencing exponential growth of HIV/AIDS cases and yet developing countries only receive about 12% of global spending on HIV/AIDS care, research and prevention, despite having 95% of cases.[5]

Malaria[6]

Malaria flourishes in situations of social and environmental crisis, weak health systems and disadvantaged communities. Its ability to develop resistance makes malaria a formidable adversary. Effective interventions are available but they are not reaching the people with the greatest burden of malaria because the capacity for malaria control is inadequate in endemic countries, where health systems are often weak.

- Almost 300 million clinical cases of malaria occur world-wide each year and over one million people die.
- Almost 90% of these deaths occur in sub-Saharan Africa, where young children are the most affected.
- Malaria is directly responsible for one in five childhood deaths in Africa and indirectly contributes to illness and deaths from respiratory infections, diarrhoeal disease and malnutrition.
- For reasons which are not fully understood, women are more susceptible to malaria during pregnancy. This is particularly so during the first pregnancy. Fetal growth, and the survival of the new-born, may be seriously compromised.[7]

The scale of the problem in many countries appears to be increasing. Furthermore, the number of malaria epidemics is growing both because of climatic and environmental changes; and as a result of human migration, often caused by military conflicts and civil unrest. There has been a recent resurgence in Africa, mostly due to the spread of chloroquine-resistant *P. falciparum* across the continent.

---

3 UNAIDS. A review of household and community responses to the HIV/AIDS epidemic in the rural areas of Sub-Saharan Africa. UNAIDS, Geneva, 1999.

4 UNAIDS. "Handbook for Legislators on HIV/AIDS, Law and Human Rights." UNAIDS/IPU, Geneva, Switzerland, 1999.

5 idem

6 Source for data in this section: World Health Organization. "World Health Report 1999." WHO, Geneva, 1999.

7 Steketee et al, 1994. Malaria prevention in pregnancy. CDC Atlanta

The severity and urgency of the problem has led to the formation of global partnerships to control malaria. **Roll Back Malaria** a WHO initiative, is a global coalition involving UNDP,UNICEF, WHO and the World Bank. Roll back Malaria assists health systems to deliver cost effective interventions to control malaria in all countries where malaria is a health problem. The initiative also harnesses the support of the private and public sector in developing new malaria drugs and vaccines.

Tuberculosis[8]

Tuberculosis and poverty are closely linked. Both the probability of becoming infected, and the probability of developing clinical disease are associated with malnutrition, crowding, poor air circulation and sanitation; factors also associated with poverty. Given the often crowded conditions in which poor populations live, they are more likely to contract tuberculosis, and those who contract the disease are also more likely to fall into poverty given the economic consequences of the disease.

- In 1997, there were an estimated 7.96 million new cases of tuberculosis world-wide and 16.2 million existing cases.
- Among adults, tuberculosis is the largest single infectious cause of death in the world, accounting for about 2 million deaths per year.
- 95% of cases and deaths occur in developing countries.

In many regions of the world, tuberculosis is a growing problem. Due to a combination of economic decline, insufficient application of control measures, and the HIV/AIDS epidemic, tuberculosis is on the rise in developing and transition economies. People whose immune defences are weakened by HIV infection become an easy prey for other microbes, including the bacillus that causes tuberculosis. The resulting infections (along with some cancers) are responsible for the recurring illnesses which in their late stages are called "AIDS", and which ultimately lead to death.[9]

- Between 1993 and 1996 there was a 13% increase in estimated tuberculosis cases world-wide, one third of which can be attributed to HIV.[10]
- Around 30% of all AIDS deaths result directly from tuberculosis.[11]
- WHO estimates that by the end of the century, HIV infection will cause an additional 1.5 million cases of tuberculosis annually.[12]

Concerted efforts to end social apathy towards TB, expand a global coalition of partners involved in TB control and to advocate for TB to be placed high on the international agenda is currently being mounted through the **STOP TB Initiative** based at the WHO. The initiative involving a broad range of partners is creating a social and political

---

8 Source for data in this section: Dye et al. "Global burden of tuberculosis: Estimated incidence, prevalence and mortality by country in 1997." **JAMA**. 1999; 282:677-686.

9 UNAIDS/IPU. "Handbook for Legislators on HIV/AIDS, Law and Human Rights. UNAIDS/IPU, Geneva, 1999.

10 World Health Organization. "Tuberculosis." WHO Fact Sheet No. 104. WHO, Geneva, 1998

11 UNAIDS/IPU. "Handbook for Legislators on HIV/AIDS, Law and Human Rights. UNAIDS/IPU, Geneva, 1999.

12 Ahlburg, Dennis A. "The Economic Impacts of Tuberculosis." A report prepared for WHO, October 1999.

movement against TB by promoting the use of cost effective Directly Observed Treatment Short Course.

Malnutrition[13]

Malnutrition accounts for 15.9% of the global burden of disease.[14] Nearly 30% of humanity are currently suffering from one or more of the multiple forms of malnutrition. Some 49% of the 10 million deaths among under-five children each year in the developing world are associated with malnutrition. Currently, 26.7% of the world's children under 5 years of age are still malnourished when measured in terms of weight for age. Progress in reducing protein-energy malnutrition (PEM) among infants and young children is exceedingly slow.

- Iodine deficiency is the greatest single preventable cause of brain-damage and mental retardation world-wide affecting a total of 740 million people, or 13% of the world's population. Remarkable progress has been made in controlling iodine deficiency disorders (IDD) in the last decade. Overall, more than two-thirds of households living in IDD-affected countries now consume iodized salt, and 20 countries have reached the goal of universal salt iodization (USI) defined as more than 90% of households consuming iodized salt.

- Vitamin A deficiency (VAD) remains the single greatest preventable cause of needless childhood blindness. An estimated 250 000 to 500 000 VAD children become blind each year, and about half of them die within a year of becoming blind. There has been progress since 1990 in combating VAD. In 1997, it was estimated that in about 30 countries vitamin A supplement coverage among children or widespread access to fortified food was greater than 50%.

- Iron deficiency anaemia, the world's most widespread nutritional disorder. While anaemia affects nearly 2000 million people world-wide, or about a third of the world's population, iron deficiency is estimated to affect nearly 5000 million. Anaemia affects 39% of pre-school children and 52% of pregnant women, more than 90% of whom live in developing countries. Little progress has been made in effecting appreciable change over the last two decades in reducing the prevalence anaemia.

Maternal Mortality

Every year 585 000 poor women die from the complications of pregnancy and childbirth. In developing countries this is by far the leading cause of premature death and disability amongst women aged 15 to 44 years. It represents at least 18 per cent of their disease burden. Almost 90 per cent of these deaths occur in sub-Saharan Africa and Asia.

In October 1999 WHO, UNFPA, UNICEF and the World Bank jointly undertook to combine forces in order to fight maternal mortality more effectively.

---

13 Source for data in this section: World Health Organization. "Nutrition for Health and Development. Progress and Prospects on the Eve of the 21st Century". WHO, 1999.

14 Murray C. and Lopez A. "The Global Burden of Disease." Harvard University Press, 1996.

Women in Northern Europe have a one in 4000 risk of dying from pregnancy–related causes. For women in Africa it is one in 16. There could hardly be a more striking disparity between North and South than this.

The death of a mother is a catastrophe in any family. In many developing countries it deprives households of income as well as love and affection. But in poor countries it can also spell death for her children.

The target of the International Conference on Population and Development (ICPD) was to reduce by half in the year 2000 the 1990 levels of maternal mortality - this target will not be met – and by a further one half by the year 2015 (in countries with the highest levels of maternal mortality, to below 60 per 100 000 live births).[15]

There is a strong relationship between maternal mortality levels and coverage of care The five-year review of the ICPD in 1999 agreed on new benchmarks to measure progress on reducing maternal mortality. It was agreed that at least 40% of all births should be assisted by skilled attendants where the maternal mortality rate is very high, and 80% globally, by 2005; these figures should be 50% and 85% respectively, by 2010; and 60% and 90% by 2015. [16]

Water-borne Diseases[17]

Diarrhoeal diseases, largely preventable through access to adequate clean water and sanitation, claim nearly two million lives a year and account for 1.5 billion bouts of illness a year in the under-five age group. Diarrhoeal diseases impose a heavy burden on developing countries. WHO estimates that diarrhoeal diseases accounted for 73 million disability adjusted life years (DALYs)[18] lost in 1998.[19] More than 1 billion people do not have ready access to an adequate and safe water supply and a variety of physical, chemical and biological agents render many water sources unhealthy.

- Approximately 3 billion people lack access to any form of improved excreta disposal services.
- Today, more than 800 million of those unserved live in poor urban neighbourhoods and rural areas.

There are some indications that there has been an overall increase in the 1990's in both water supply and sanitation coverage percentages with estimates suggesting increases in total percentage water coverage in Asia, Africa and Latin America. In terms of absolute numbers, there has been an increase in unserved populations in Africa, Latin America and urban parts of Asia. If investments for sector development and coverage trends remain the same, the gap between served and unserved will continue to increase. Even within served populations, the poor often have access only unsustainable and ineffective technologies which present a high rate of disruption, or are provided with insufficient

15 UNFPA. "State of the World's Population 1999." UNFPA, New York, 1999.
16 idem
17 Source for data in this section: World Health Organization, EOS/WSH.
18 DALYs express years of life lost to premature death and years lived with a disability, adjusted for the severity of the disability.
19 World Health Organization. "Removing Obstacles to Healthy Development." WHO/CDS/99.1

quantities of poor quality water; increasing the health risks to which these populations are exposed.

Exposure to water-borne disease is often mediated by gender roles; women may be more exposed through household chores or child-care, and men through occupation or leisure activities. Pressure on women's time and energy may affect family health if a closer source of impure water is used in preference to cleaner water at a greater distance.

Respiratory Infections

Acute respiratory infections (ARIs) were responsible for approximately 3.5 million deaths among people of all ages world-wide in 1998. Almost 2 million of these deaths were in children under age 5. Pneumonia kills more children than any other infectious disease, and 99% of these deaths occur in developing countries.

WHO estimates that acute respiratory infections accounted for 83 million DALYs lost in 1998.[20] An overwhelming proportion of this burden of disease is attributable to environmental factors. In addition to malnutrition, chilling and crowding, often aggravated by indoor air pollution, all of which are factors associated with poverty and poor housing, that are killing children the world over.

In addition, hundreds of millions of adult women in developing countries are exposed to extremely high levels of airborne particulates when cooking with biomass fuels. Studies in India and Nepal have shown that chronic obstructive lung disease and cor pulmonale are common, and develop at an early age, in women exposed to high levels of indoor smoke.[21]

Immunization

Globally, immunisation coverage has continued to increase slowly. Yet one in five children are still not fully immunised against the six major killer diseases: diphtheria, whooping cough, tetanus, polio, measles and tuberculosis.[22] The result is that more than 2 million children are still dying every year from diseases that can be prevented by currently available vaccines and several million more lives could be saved if there were effective vaccines against AIDS, TB and malaria.

Immunization in Africa lags behind Asia and Latin America. In some African countries immunization rates are actually falling, reflecting the disruptions arising from civil strife as well as crumbling, underfunded health systems. Immunization rates are also dropping in some industrialized countries. This is worrying trend, particularly in an increasingly global economy and the concurrent increasing movements of people in search of livelihoods, within and across national boundaries.

On 31 January 2000 the new Global Alliance for Vaccines and Immunization (GAVI) will be formally announced at the World Economic Forum in Davos. It represents a new commitment by WHO, UNICEF, the World Bank, industry, philanthropic foundations,

---

20 World Health Organization. "Removing Obstacles to Healthy Development." WHO/CDS/99.1
21 Health and Environment in Sustainable Development. WHO, 1997:159
22 World Health Organization. "Removing Obstacles to Healthy Development." WHO/CDS/99.1

and public sector agencies to work together in partnership to work towards the protection of all children against all children against major vaccine-preventable diseases.

3. HEALTH SERVICES IN CRISIS

The two decades since the Alma-Ata Declaration have not seen the realization of the wished-for rapid and sustained progress towards health for all. The global picture is very uneven and figures which give reliable, comparable and recent estimates of health care coverage and access to care are not readily available. However, the fragmented picture which does emerge is profoundly disturbing. In too many countries health systems are ill-equipped to cope with present demands, let alone those they will face in future. The call at Copenhagen for universal access to basic health services has been ignored.

Growing Health Inequities

The inequities are striking, both between countries and within them. In developed countries there may be one nurse for every 130 people and one pharmacist for every 2000 to 3000 people. A course of antibiotics to cure pneumonia can be bought for the equivalent of 2 to 3 hours' wages. One-year treatment for HIV infection costs the equivalent of 4 to 6 months' salary. And the majority of drug costs are reimbursed.

In developing countries there may be only one nurse for every 5000 people and one pharmacist for 1 million people. A full course of antibiotics for pneumonia may cost one month's wages. In many countries, one year of HIV treatment – if it were purchased – would consume the equivalent of 30 years' income. And the majority of households must buy medicines with money from their own pockets.

Financing, Distribution and Delivery of Health Care

A persisting reality in poor countries is that total *government expenditure on health services* is too low, even though allocations in some countries may reach over 20 per cent for social services as a whole, in terms of proportion of total government expenditure. A serious aggravating factor has been the low level of international aid during the past decade. The absolute levels of resource transfers required to help the poorest countries attain the international development goals will not be achieved on current trends.

The *distribution of services* in most countries of the world remains highly skewed in favour of the better-off. Recent studies have underlined that current patterns of resource allocation, both human and financial, are de facto anti-poor. The majority of health personnel is found in urban areas, while the great majority of the poor live in rural areas. Financial resources favour hospital-based curative care, when the poor need accessible and affordable primary health care. Allocations also favour personal medical care when the poor get the most benefit from actions, both within and outside the health sector, which target broad public health, such as clean water and sanitation.

The *delivery of health care* itself is often profoundly anti-poor. There is rarely, if ever, a focus on the risk factors that are the root causes of the ill health of the poor. And services are rarely designed with the poor in mind. For the poor, time is truly money and opportunity lost. This is reflected in how far they have to go to obtain a service, how

they get there, how long it takes them, how much it costs, being able to obtain only one service on a given day, and waiting in line. These are, in addition, financial barriers to services themselves - official and non-official fees, costs of medications. For women, who face particular constraints of time, mobility, and decision-making ability regarding their health and that of their children, these barriers represent a clear obstacle to health.[23]

A number of studies have brought to light the lack of dignity and respect with which the poor are met by health personnel. One study of a primary health care centre in a developing country serving a primarily poor population highlighted that an average 54 seconds was spent with each patient.[24] No time for dialogue, no time for explanation, barely the time for a human contact.

Consequently those without assets do not even attempt to seek treatment and those with some assets raise money for care by selling assets or borrowing from moneylenders at high rates of interest. Herein lies the route from sickness or injury to poverty and destitution, particularly when costs are incurred together with loss of income, when a breadwinner falls ill.

Unfettered market intervention in health care is anti-poor. A recent review of health services in one country concluded "Due to the prevailing situation in the government sector, there has been an unprecedented growth of the private sector, in both primary and secondary health care all over the country. Given the current ethical standards of the medical profession and totally free market technology-driven operational principles, the private sector generally does not provide quality health care at reasonable cost. Before this sector becomes a public menace, it is necessary to introduce participatory regulatory norms."[25]

A clear historical lesson emerges from health systems development in the 20th century: spontaneous, unmanaged growth in any country's health system cannot be relied upon to ensure that the greatest health needs are met. In any country, the greatest burden of ill-health and the biggest risk of avoidable morbidity or mortality are borne by the poor. Public intervention is necessary to achieve universal access. While the equity arguments for universal public finance are widely accepted, what is less well known is that this approach achieves greater efficiency as well.[26]

---

23 Vlassof, C et al. "Towards the Healthy Women Counselling Guide." UNDP/World Bank/WHO, 1995.

24 UNICEF 1992 as quoted in Barkat, Abul, "Crisis in Governance of Public Health System in Bangladesh: A Challenge of Humane Governance." Paper prepared for presentation at the Special Symposium on Poverty and Health in South Asia – Crisis and Challenge – Bangalore, India, 16 November 1999.

25 Report of The Independent Commission on Health in India. Voluntary Health Association of India, 1999.

26 World Health Organization. "World Health Report 1999." WHO, Geneva, 1999.

SECTION B:

Making Health a Force for Poverty Reduction – WHO's proposals for Action in Follow-up to Copenhagen Plus Five

The ultimate objective of development is improvement in the human condition, of which enjoyment of good health is an essential part. However, while improving health status is an essential objective of the development process, the capacity to develop is itself dependent on good health.

Ensuring a maximum contribution to development requires that health interventions are planned and implemented within an integrated development framework. Today's reality remains that health components of poverty reduction programmes are largely absent or marginal. On the one hand health authorities limit their responsibility to the production of publicly funded health services. On the other the architects of poverty reduction policies neglect the human and social capital contributions of health to sustainable livelihoods.

Universal access to basic health services is important, and achieving that goal in a way which will make a significant input to poverty reduction will require a massive international effort in itself. However, the fact remains that leaving health to the health sector, alone, will not work. The major determinants of health, including poverty itself, are beyond the control of health services.

Copenhagen Plus Five can set future development policy on a new, more effective track by recognising the value good health status as one of the most important assets of the poor. On the that basis the meeting should recommend that the protection and improvement of health status of poor and vulnerable populations be adopted as a core international development strategy to be shared by all actors in the development process – social, economic and environmental.

Follow-up Action

As its particular contribution to this new strategy WHO proposes the following areas of action, to be pursued as integral components of the follow-up to Copenhagen Plus Five.

- **Global Policy for Social Development**
- **Integrating health dimensions into social and economic policy**
- **Developing health systems which can meet the needs of poor and vulnerable populations**

These initiatives will require action at global regional and country levels, in close collaboration with a range of partners, including the World Bank and IMF. In addition and in view of the need both to ensure holistic and integrated approaches to poverty reduction and take account of significant differences in health issues between regions, it is suggested that some activities should take place under the auspices of the UN Economic and Social Commissions. ECA and ESCAP would be particularly important

partners since their responsibilities span the regions with the greatest concentration of the extreme poor. In addition to their regional specificity they can serve as fora to bring together national social and economic ministries and sectors.

1. Global Policy for Social Development

The growing international concern for accelerated social development, initiated at Copenhagen, has given rise to still-early-steps towards defining the principles of future global policy for social development. Much work remains to be done to bridge the gap between current social concerns and global practice, particularly in global trade and international relations.

Reducing the striking health inequities between and within countries requires determined international action to turn globalization to full advantage of poor and marginalised populations. The concepts, content and strategies for a global social development policy require further development, moving beyond traditional concepts of provision of basic social services to define an explicit pathway to the creation of social wellbeing, social capabilities, livelihoods and human development.

WHO proposes to engage in the UN-wide process to help take forward the process of global policy development. WHO's particular contributions will include:

- **building country capacities to assess the impact and design responses to economic, technological, cultural and political aspects of globalization on health equity and the health status of poor and vulnerable populations**
- **building a global knowledge base on social development with regard to health inequities, health risks and good practices in protecting and improving health status of poor and vulnerable populations**
- **strengthening global governance for social development, including development and advocacy of health protection norms and standards for the guidance of the international and national business sectors**

2. Integrating Health Dimensions into Social and Economic Policy

Macroeconomic policy has a major impact on countries' abilities to protect and improve the health status of their citizens, particularly the poor and vulnerable. Recent econometric studies and the experiences of the East Asian countries have brought out the important role of good health status in economic as well as social development. Good health is also known to be crucial to effective learning and, for example, improving the effectiveness of microcredit programmes.

Maximising the positive opportunities of globalization whilst minimizing the negative impacts pose particular challenges e.g. identifying new sources of revenue for health services, regulating the trade of goods and services in the interests of health equity.

Human migration, rapid urbanization, increased road traffic, are both results of economic policy and, through their effects on the environment and on human health, are also massive drains on public expenditure. Road traffic accidents are predicted to become the second major global cause of injury and ill health by the year 2020.

New tools such as health impact assessment analysis need to be developed to help countries maximise the contributions of good health to economic, social, environmental and development policies as well as to minimise their negative health effects.

(a) Health in Macroeconomic Policy

There is now considerable international support for the inclusion of greater investment in social determinants of development within macroeconomic policy. The well documented experiences of the East Asian economies have contributed to this new awareness. The nature of investments will vary according to need. In sub-Saharan Africa and South Asia both health and education are important priorities.

With regard to health countries require considerable guidance on the specific mix of investments across a range of sectors in order to ensure optimum health impact on poverty reduction. WHO has established an international Commission on Macroeconomics and Health to provide advice and analyses for WHO and the international development community on how health relates to macroeconomic and development issues. These will include the economics of investment in protecting and improving health status; economics of incentives for new vaccine and product development; and international development assistance and health.

WHO proposes to provide the evidence for elaborating technical options and costs as the basis for more informed macroeconomic decision-making to impove the ealth of the poor by 2015 by governments, the World Bank, IMF, and Regional Development Banks.

(b) Trade in Health Goods and Services

Increasing trade in drugs, biological agents and health services, including private health insurance, have important implications for health equity. The international agreement on the trade-related aspects of intellectual property rights (TRIPS) could result in the development of new drugs and vaccines for treating the diseases of the poor. But it could also worsen access by poor people through price rises.

Trade in health services includes foreign direct investment, the movement of consumers and providers across borders to receive and supply health care and the emerging areas of e-commerce and telemedicine. In principle increased trade in health services could bring needed technology and management expertise and, for some countries, increased export earnings. But it could also deepen current inequities in access to services and promote the migration of skilled health professionals from already underserviced areas.

The new openness to trade in health goods and services presents a challenge to ensure that trade agreements improve access to good quality services particularly for poor and vulnerable populations.

WHO proposes to build upon its collaboration with WTO and other agencies to help strengthen the capacities of LDCs to analyse the consequences of agreements on trade in health services for health equity and the ability to meet the health needs of the poor, and to develop policies and collective negotiating strategies to ensure the promotion and protection of public health.

(c) Health and Promotion of Full Employment

Copenhagen Plus Five will focus particular attention on promoting full employment, including self employment and employment in the informal sector. Millions of people are unable to access livelihoods or compete for employment due to chronic ill health, undernutrition and disability.

For those who are employed, particularly in the informal sector, lack of occupational health and safety protection can lead to death, permanent disability and destitution. The ILO estimates that some 250 million workers suffer accidents at work and over 300 000 are killed every year. The annual death toll rises to more than 1 million when deaths due to occupational disease are taken into account.

WHO proposes to work with ILO and other agencies to promote health protection measures in future international and national policies for full and productive employment. These measures will include:

- **Improving and protecting the health status of poor and vulnerable people, including the disabled, as one means of improving their employability and access to livelihoods**
- **Promoting safe and healthy settings for work, particularly for women in informal employment**
- **Promoting social insurance and solidarity mechanisms, formal and informal, to protect households from the burden of health care costs arising from occupational causes, including in the informal sector**
- **Promoting the employability of women by creating community-based health and social services for sick and dependent family members.**

3. Develop health systems, which effectively target resources on the most critical health problems affecting the poor and are financed and organized to address the determinants of health among the poor and vulnerable populations

Many countries have fallen short of providing basic health services which are universally accessible. The majority of resources go to expensive curative care. Basic health services are not provided for free or low-cost to the poorest people. Public health programmes often ignore the health needs of household breadwinners. And national health systems generally fail to effectively manage private sector providers from whom the poor receive much of their care.

To halve the number of people in extreme poverty by 2015, health systems must be more effective in achieving greater equality of health outcomes and greater equity in health financing between rich and poor. Thus, renewed efforts must be made to build sustainable health systems for the poor that:

- aggressively prevent illness and protect health
- protect the poor and near-poor from impoverishing health costs,
- direct more resources to improving and maintaining the health of household breadwinners, and
- marshall the efforts of private providers towards improved health of the poor.

The World Health Report 2000, to be published in May, will address in greater depth what policy makers and program managers can do to create more equitable and effective health systems, based on evidence about alternative ways to deliver, finance, and "steward" or responsibly manage the health care system.

Based on what is known already about what works to improve the health of the poor, WHO urges the international community to join forces to develop sustainable, pro-poor health systems by focusing on the following three areas.

(a) Substantial *reduction in the major diseases affecting the poor disproportionately, which themselves are often major causes of poverty*.

A large proportion of the excess burden of disease among the poor can be attributed to a limited number of health problems – particularly communicable diseases such as HIV/AIDS, malaria, measles, and TB – as well as diarrhoeal diseases, respiratory infections, and complications from pregnancy and childbirth. For nearly all of these diseases or conditions, a set of cost-effective interventions exist.

Three things must happen for more of these health interventions to improve the health of the poor. First, prevention and treatment resources must be redirected to focus on cost-effective interventions for the diseases and conditions that disproportionately affect the poor. These include the Expanded Program on Immunization, the Integrated Management of Childhood Illness, the Adult Lung Health Initiative, Integrated Management of Pregnancy and Childbirth, and targeted interventions for HIV/AIDS and malaria – many of which have been jointly developed and implemented by WHO in collaboration with UNICEF.

Second, efforts must be made by health systems to better target the poor and vulnerable, by directing funds, staff and supplies to facilities that are located near where they work, live and learn. Better targeting can also occur by designing systems to protect the poor from out-of-pocket costs (see below) and by linking the delivery of these services with other poverty reduction programs, such as microcredit and employment training. The third essential ingredient to improve the health of the poor is to mobilize resources for the purchase cost-effective medicines and supplies, such as mosquito nets, anti-TB and anti-malaria drugs, treatments for sexually transmitted diseases, vaccines and oral rehydration therapy. These can be considered global public goods to the extent that they are directed to low-income countries contributing most to the spread of communicable disease.

(b) More *Equitable Health Financing Systems*

Achieving greater fairness in health financing is not just a laudable goal of the health system. It is also key to protecting the income of the poor and insulating them from economic shocks. One of the major factors leading to poverty is illness, which prevents people from working and earning income, and in some cases leads to high health spending that deplete household savings or assets.

To increase financial risk protection of the poor, WHO endorses several key principles of health system financing. Countries must seek to **increase the level of pre-payment** for health care via general taxation or mandated social health insurance contributions, in order to spread the costs according to ability to pay. This will help to reduce dependence on out-of-pocket financing, which restricts health care access to those who can afford it and tends to exclude the poor from health services. Efforts should be made **to subsidize the poor by expanding the pool of contributors widely**, so that the rich are not able to "opt-out", and by **setting progressive taxes or contributory rates**. While multiple pools may be organized for particular groups of contributors, **subsidies across the pools** should be used to ensure fair financing.

Many low-income countries have institutional constraints – high levels of informal work and weak revenue collection systems -- that make it difficult to develop pre-payment systems (taxes or social insurance). In the short-term, community-based pre-payment schemes can be promoted by WHO, ILO, and other UN agencies. But, in the long-term, health officials must work closely with other sectors in developing the financial infrastructure to promote greater social solidarity in health financing.

(c) Promote *Responsible Health Stewardship*

Health systems of the 20th century have grown to encompass multiple actors, agencies, and institutions. As a result, they have become more fragmented, and narrow, self-interested goals often are pursued at the expense of overall population health objectives. This has made it critical for states to ensure that the key *functions* of the health system – raising and pooling funds, purchasing health services and providing care – work in harmony to achieve overall health system goals. This role can be called **stewardship** – the responsible management of the functions and interactions among a health system's multiple actors and interests to achieve societal goals.

Responsible health stewardship implies two key attributes. One is a duty to engage in **cross-sectoral advocacy to influence policy on the wider determinants of health of the poor**. When the policies and practices of other sectors of the economy present both risks and opportunities for improving health, it is not enough for Ministries of Health to concern themselves only with the delivery of publicly provided health services. Thus, Ministries of Health should be strong advocates for better nutrition by participating in policy discussions regarding access to land, choice of which crops to subsidize, and other agricultural issues. Likewise, the Ministry of Health must support efforts to raise the level of female education and advocate for more equal distribution of incomes, based on compelling evidence that both are positively related to better health outcomes.

Another attribute of responsible stewardship is **oversight of all components of the health system**, rather than a focus on publicly provided services. Efforts to engage the resources of the private sector are especially important for the poor, given their high reliance on the private market for health care in many low-income countries. A combination of approaches can be employed to harness the resources of the private sector, ranging from financial incentives, use of purchasing power via contracts with private providers, consumer information, and government regulations. Government oversight and intervention in sub-sectors of the private market, e.g. insurance, pharmaceuticals, human resource production, are necessary to ensure their contribution to overall health system goals.

To carry out these stewardship responsibilities implies a fundamental shift in the focus of Ministries of Health. It means a shift from directly providing health services to broad oversight, advocacy, strategic purchasing, setting rules for financing and delivering health care by multiple actors, and assessing overall system performance. **This shift – from rowing to steering – must be accelerated through training and technical cooperation**, to build the skills needed to carry out these functions. Ministries of Health must be better at consensus-building, negotiation and mediation among all relevant actors – in, across all levels, and outside government – in order to create stronger partnerships and coalitions across diverse interests and sectors. They must be able to hold all actors accountable for country performance on agreed-upon national and international health goals. This requires stronger systems for monitoring trends in health status, health care use and health care spending, not just on the average, but by socio-economic status.

WHO believes that this vision of strengthened health stewardship must be realised for health to fulfil its potential contribution to poverty reduction and human development. It is particularly needed in those countries where health governance is weak. Thus, strong international political, financial and technical support will be required, especially in sub-Saharan Africa and South Asia.

United Nations

A/AC.253/16/Add.6

General Assembly

Distr.: General
10 February 2000

Original: English

Preparatory Committee for the Special Session of the General Assembly on the Implementation of the Outcome of the World Summit for Social Development and Further Initiatives
Second session
3-14 April 2000
Item 2 of the provisional agenda*
Preparations for the special session of the General Assembly on the implementation of the outcome of the World Summit for Social Development and further initiatives

Review reports and proposals for further action and initiatives submitted by organs and specialized agencies of the United Nations system and other concerned organizations

Note by the Secretary-General

Addendum

Contribution from the United Nations Research Institute for Social Development**

1. The Preparatory Committee for the Special Session of the General Assembly on the Implementation of the Outcome of the World Summit for Social Development and Further Initiatives, in paragraph 13 of the annex to decision 1,[1] invited the United Nations Research Institute for Social Development to report on its findings on institutional arrangements for social integration, as well as the role of civil society in the planning and provision of social services. The Preparatory Committee requested that the report also be made available to the Commission for Social Development at its thirty-eighth session.

* A/AC.253/12.

** The report is being issued herewith as received in the language of submission only.

00-28962 (E) 170200

2. The Secretary-General accordingly circulates herewith, for the information of the Preparatory Committee and the Commission, the report of the United Nations Research Institute for Social Development.

Notes

[1] *Official Records of the General Assembly, Fifty-fourth Session, Supplement No. 45* (A/54/45 and corrigendum), chap. VI, sect. B.

CIVIL SOCIETY ORGANIZATIONS AND SOCIAL INTEGRATION

Summary and Proposals for Further Action

1. The following report discusses the activities of those civil society organizations (CSOs) which seek to advance social and economic development. In assessing these activities and in considering recommendations with regard to them, it is important to recognize the immense variation that exists between different types of CSOs, as well as the crucial differences in the social and structural environments in which they work. In this report, the advocacy (including consultation and monitoring) functions of CSOs are considered separately from the operational (including project implementation and service delivery) functions of CSOs; organizations which primarily carry out the latter function are termed non-governmental development organizations (NGDOs).

2. The report's key findings and recommendations are the following:

a) The international community has been enriched by the contribution of civil society organizations. Northern CSOs typically have greater influence than southern CSOs in the international arena because of their greater access to resources and to communications technology and the international media. Further efforts should be made to facilitate the contribution of southern CSOs to international forums. Such efforts may include the organization of pre-conference forums for regional and/or sectoral-based discussion, the provision of travel funding, and assistance with translation and communication technology.

b) The contributions of CSOs have helped international organizations to become more effective agents for social and economic development. The access of CSOs to international organizations should be facilitated through the formalization of observer status and/or the creation of liaison offices, and communication channels between international organizations and CSOs should be formalized and open. Institutionalized opportunities for the exchange of views between CSOs, international financial institutions and international bodies concerned with social and economic development should be established. This is especially important for bodies such as the World Trade Organization (WTO), which have heretofore been closed and dominated by technocratic decision-making.

c) CSOs often function more effectively within the framework provided by a strong state, even if they seek reform of that state. Efforts to encourage public sector reform should not undermine state capacity. Neither should they displace more open and democratic forms of policy making (in which CSOs can participate) by

technocratic decision-making, as is currently occurring in some countries and policy areas. CSO activities, including service delivery and project implementation, should not be regarded as a substitute for the state's functions, except in extreme circumstances and as interim measures.

d) As the influence of advocacy CSOs increases, consideration should be given to the question of their accountability. Except for those with a clearly defined membership base, such as labour organizations, advocacy CSOs are often not formally accountable to the groups on whose behalf they advocate. Because CSOs depend on their ability to mobilize popular opinion in support of their causes, the accountability and representativeness of advocacy CSOs can be enhanced through open public discussion and debate. Therefore efforts should be made to facilitate the ability of a wide range of CSOs to effectively access communication channels, including international media and the internet.

e) Although numerous service delivery CSOs (NGDOs) effectively identify, target and assist the poor and other vulnerable groups, the NGDOs sector as a whole cannot be assumed to do so, especially in light of the sector's precipitous growth in recent years. While the donor community has channelled considerable resources to NGDOs, there is very little data to indicate whether or not they are performing effectively. There is a need to monitor NGDO impacts more systematically and develop methodologies for doing so. NGDOs often have self-appointed boards that contain few, if any, representatives of beneficiary communities but are often made up of urban-based elites. "Downwards accountability" to the beneficiaries of services needs to be strengthened considerably.

f) In many countries NGDOs also operate with little accountability to government. As the role of NGDOs in service provision has increased, the lack of accountability to the State has become a growing problem. Accountability towards government needs to be improved, with NGDOs working within national policy frameworks and priorities. In contexts of democratisation, where state accountability to citizens is improving, NGDO accountability to the State in service delivery can be an important link between NGDO as providers of services and citizens as consumers of services.

g) An inherent comparative advantage for the NGDO sector over the public sector has not been clearly established for any type of service delivery. In situations in which public sector restructuring is imperative, shifting some service delivery functions to the NGDO sector may facilitate such restructuring. The result will be a more flexible service delivery labour force with less job security than the traditional civil service. If such a strategy is to be considered for the medium to long term, the initial gains in efficiency must be set against possible longer term reductions in effectiveness and efficiency due to a decline in the commitment and organizational strength of the labour force and a decrease in its experience and training. More generally, the government's progressive withdrawal from service delivery may also weaken its capacity to properly monitor, evaluate and formulate effective strategies for service delivery.

h) If NGDO operational activities are considered to be an integral part of a country's development strategy, these activities should be carefully planned, co-ordinated and monitored within democratic structures. The NGDO sector is prone to many problems which may make it unsuitable for taking a leading role in development strategy. These include lack of long-term planning, overconcentration and duplication of services in some areas and lack of services in others, inconsistent quality, and lack of capacity for extending services.

i) However, NGDO operational activities often play an important supplementary role to a country's development strategy. A relative degree of independence will allow the flexibility and experimentation that some NGDOs have successfully used to develop more effective, efficient and participatory models of project and service delivery.

j) Much of the activity of the NGDO sector is heavily donor-driven. Although donors have legitimate reasons for setting parameters for funding, in some cases certain activities are heavily over-funded and others neglected. Funding for CSOs should take into account the attributes of the organization as well as the type of project to be funded. Organizations should be given priority for funding, regardless of their specific project activities, if they develop an authentic response to community needs, if they are legitimate representatives of the poor or vulnerable, and if they give voice to those who would otherwise be silent.

k) As CSOs scale up their involvement in delivering services there is a danger that their role in setting development priorities and policies and advocating on behalf of marginalized groups may be declining. To guard against such trends, it is important for CSOs not only to adopt a "needs-based" approach but also one that is "rights-based", which seeks to strengthen the capacity of marginalized groups to demand that the State ensures that adequate levels of services are provided. This requires CSOs to work with people in identifying their economic and social rights and advocating on their behalf.

l) A note of caution is sounded about assuming that any structures are inherently egalitarian or participatory. Some grassroots organizations may promote social development, but others may reproduce and bolster inequitable social relations. Governments may be repressive, or they may be indispensable for restructuring local social structures to reduce repression. International organizations and development agencies can improve people's lives, and they can immiserate people. Civil society is a necessary part of the checks and balances that make a democratic society function. CSOs have an essential role to play in the democratic process, for which they should be supported and encouraged. However, they must be more effectively monitored, questioned and evaluated by governments, donors, international agencies, other civil society organizations and public opinion.

Introduction

3. As part of the preparations for the Special Session of the General Assembly to consider the implementation of the Outcome of the World Summit for Social Development, UNRISD was invited to "report on its findings on institutional arrangements for social integration, as well as the role of civil society in the planning and provision of social services" (A/AC.253/L.7/Rev.1). The following report analyses the changing and potential impact of different types of civil society organizations on the formulation, implementation and monitoring of policies influencing various aspects of social integration and development at the international, national and local levels.

4. The Programme of Action of the World Summit for Social Development defines the aim of social integration as being "to create 'a society for all', in which every individual, each with rights and responsibilities, has an active role to play" (para. 66). Toward this end, it calls for "strengthened participation and involvement of civil society in the formulation, implementation and evaluation of decisions determining the functioning and well-being of societies" (para. 70). It maintains that encouraging this participation will require, *inter alia*, increasing the capacities and opportunities for all people to establish and maintain independent organizations representing their interests; enabling institutions of civil society to participate in the formulation, implementation and evaluation of policies related to social development; giving community organizations greater involvement in the design and implementation of local projects; and ensuring a legal framework and support structure that will encourage such constructive contributions from civil society (para. 72). It envisions a role for civil society organizations in promoting responsive government, equality and social justice, and responses to special needs of disadvantaged groups. Finally, it maintains that the involvement of civil society is necessary for the effective implementation of the Copenhagen Declaration (para. 85).

5. The history of civil society involvement in policy planning, implementation and monitoring is long, complex and varied. Because civil society organizations (CSOs) represent, or are representative of, particular groups in society rather than society as a whole, some CSO activities may impede rather than promote social integration and development. However, much of the progress towards the recognition of basic human rights, gender equality, the protection of the natural environment and the strengthening of democratic and participatory institutions has been driven in large part by civil society initiatives. In addition to such advocacy work, CSOs have been increasingly called upon in recent years to assist in the implementation of development projects and the delivery of social services; they are considered partners in development alongside aid organizations and government agencies.

6. This report first considers the role of CSOs in policy formulation and monitoring. Civil society has long been associated with advocacy work, claiming a role – with varying degrees of success – in influencing government policy, and societal institutions more broadly, through education, persuasion and activism. The organizations that primarily engage in such work are here termed "advocacy CSOs". The report then discusses the involvement of civil society organizations in policy and project implementation and service delivery. Such operational activities have long

been a part of CSO programmes – religious missions, for instance, often run schools or hospitals – but the involvement of CSOs in development projects has seen phenomenal growth in recent years. Civil society organizations engaged in implementing development projects are commonly termed non-governmental organizations (NGOs); in this report they are termed non-governmental development organizations (NGDOs), to distinguish them from the wide range of NGOs that are not concerned with development (social or sports clubs, for instance) and that are not considered here. Among NGDOs, some engage in project design as well as implementation, while others primarily implement projects or deliver services that have been planned and allocated by governments or donors. These latter NGDOs are essentially subcontractors for the delivery of development services.

7. The distinction between these different types of CSOs is to some extent an artificial one. Some large organizations, such as Oxfam and World Vision, engage in education campaigns and lobbying efforts in their home country and implement concrete projects in developing countries. Community-based organizations (CBOs) may deliberately use projects as a catalyst to get people involved in advocacy work. In addition, policy and project implementation is not politically neutral, and even subcontractor NGDOs can choose from a variety of ways in which to implement projects, with differing implications for equity and development. However, for both analytical and operational purposes it is important to distinguish the various functions of development CSOs, even if they occur within the same organization. Failure to differentiate between types of CSO activities can lead to misunderstanding regarding the mechanisms and thus the potential contributions of CSOs to social integration.

I. The role of CSOs in advocacy, consultation and monitoring

Advocacy CSOs in the international arena

8. Advocacy CSOs have become increasingly visible in the international arena in recent years. With globalization, the international political space has expanded from one dealing primarily with international relations to one concerned with such diverse issues as global trade relations, the environment, gender equality, human rights and poverty eradication. CSOs have been instrumental in shaping the international dialogue on these issues, and in keeping them in the public's eye. They are guided by a strong sense of moral authority, which drives them to educate and advocate regarding matters of concern to them. They have an irreplaceable role to fill in keeping public discussion alive, because many of the issues on which they advocate would otherwise fall outside the realm of normal national and international discourse. They have been successful, for instance, in generating worldwide concern and action regarding specific local instances of human rights abuses and environmental degradation which might otherwise have been ignored. Although CSOs originating in southern and transitional countries have shown substantial growth in recent years, the international arena is still dominated by CSOs of northern origin. This is largely due to the better access of northern CSOs to resources, communications technology, the news media and other informational outlets. They also benefit from geographical proximity to key institutions affecting development policy and practice.

9. International advocacy CSOs have in many ways a symbiotic relationship with the United Nations and its organizations and agencies. CSOs have helped to shape the agendas of the UN-sponsored international conferences, especially those occurring in the last decade, and have influenced the texts of their outcomes. In turn, CSOs have gained from the UN conference mechanism. The world conferences of the 1990s, which strengthened and formalized the mechanisms for CSO involvement, facilitated and catalysed dialogue and co-ordination among different CSOs.

10. International advocacy CSOs benefit from a strong United Nations. These organizations seek to shape and influence policy, but without an agency that can implement and enforce policy, their efforts will be relatively ineffectual. The United Nations in turn benefits from a strong civil society presence: CSOs can become its allies both in carrying out its tasks and increasing its legitimacy. CSOs monitor compliance with UN treaties, and they inform the public of the commitments of member states. On some issues, CSOs and the UN may have shared interests that are in conflict with those of some member governments – such interests may include specific cases of human rights violations, for instance. In such circumstances, CSOs may be better able than the UN to take the lead in advocating compliance with international agreements. They are not constrained by the interests of the member states, and they can make sensitive information public in a way that intergovernmental organizations are constrained from doing.

11. The involvement of civil society organizations with the work of the United Nations also serves to increase the legitimacy of the UN. Although not all CSOs are strictly representative of specific populations, and may only be accountable to the public in a limited manner, they represent a diverse range of views. This means that the participation of CSOs in international agreements serves to some extent to add a "people's perspective" that increases the acceptability and legitimacy of such agreements to the public at large.

12. CSOs also serve more specifically to bolster the UN's perspective on development issues within the international arena. The relative importance of the UN in development efforts has declined in comparison with the international financial and trade institutions as the latter have consolidated their strategy into a development orthodoxy. The UN's ability to regain its leadership position on development depends on reasserting the primacy of social goals, broadly defined, over simple economic goals, and in this parts of the CSO community are natural allies. Different organizations within the CSO community are concerned with a wide range of social issues, and are able to articulate their concerns and to persevere in maintaining the importance of social issues in development. CSOs do not hesitate to use moral language to justify their positions – something financial and trade institutions, in particular, are often loathe to do, preferring to base their decisions on putative technocratic rationales. It is the explicitly moral basis of CSO activities that most serves to legitimize their work, and that has been most effective in their efforts to establish the shortcomings of the economic orthodoxy.

13. CSOs often have a more problematic and adversarial relationship with other international bodies than they do with the United Nations. CSOs have come in conflict especially with international financial and trade institutions, primarily

because CSOs tend to emphasize human development, broadly defined, and see the focus of these institutions on economic development as both overly narrow and in some cases counter-productive to social progress. There are different interpretations of how successful CSOs have been in influencing the behaviour of such institutions, but there is general agreement that CSO activity has had some impact. The World Bank's increasing emphasis on poverty reduction and its attention to environmental and gender issues, for instance, can be attributed at least in part to CSO pressure and collaboration. Changes in the Bank's rhetoric have not necessarily been accompanied by immediate changes in practice, but they may lead to a perceptible institutional shift over the longer term.

14. The CSO community also acts indirectly as a catalyst for change within financial or other international organizations by serving as an ally to reform elements within these organizations – either openly or behind the scenes. Individuals or departments within organizations that support more socially or environmentally guided policies may use information provided by CSOs in order to bolster their position, or they may furnish information to CSOs that will help the latter in their advocacy efforts. CSOs can strengthen the position of factions within policy-making bodies so that their relative impact on the decision making process is increased. This kind of collaboration is most likely to be successful for issues on which a particular international organization is divided or on which there is no sharp North-South divide. For instance, CSOs have had an appreciable impact on the World Bank's environmental policies, but have been less successful in persuading the Bank to change its fundamental approach to economic reform.

15. When collaboration is not possible, CSOs have sometimes had success in using more direct tactics to influence the behaviour of international decision making bodies. In these efforts, they must usually depend on the effects of a mobilization of public opinion. The World Bank, for instance, must raise funds from member states, and was thus susceptible to the "50 Years is Enough" campaign – a collaborative effort among many CSOs that was successful in raising questions about the Bank's legitimacy among the publics to which the national policy makers responsible for allocating funds to the Bank were accountable.

16. Most international advocacy CSO efforts focus primarily on changing policy outcomes through monitoring, advocacy, education, and lobbying – seeking to make the public more aware of the decision making process and outcomes and thus more able to hold policy makers accountable for their decisions. With the thorough airing of information about the full implications of policy actions that the various elements within the CSO community can provide, the incentive structure within policy making bodies shifts: consideration must be taken of the likely reaction of CSOs to any decision. Thus, it has been argued, even when CSO protests over a decision do not lead to an immediate change regarding that particular decision, these protests may well influence future decisions, which, explicitly or not, will be likely to factor in the interests of the CSO community.

17. However, when these primarily informative channels for influencing policy outcomes are not available, CSOs may turn to more direct and disruptive tactics. This has been seen recently in CSO action taken with regard to the World Trade

Organization. The WTO is a decision making body of enormous importance which acts behind closed doors. "Experts" are considered to be the only ones qualified to provide input into the decision making process. It is essential, however, to provide some means through which civil society can observe and comment on decisions that affect it. Technocratic bodies are liable to forget that the outcomes they seek – free trade, macro-economic stabilization, etc. – are intended not as ultimate goals but rather as means to improved human well-being. Therefore, monitoring and input from CSOs regarding the wider social impact of technocratic decisions is perfectly appropriate, and indeed essential, even when the CSOs do not have technical expertise.

18. Advocacy CSOs also attempt to influence the way the private sector, particularly transnational corporations (TNCs), behave. In this effort they also face problems of access, as corporations are much less inherently susceptible to pressure from CSOs than are governments or international organizations. TNCs must comply with the laws of the country in which they are operating, but they frequently have a great deal of influence over such laws because of the host countries' needs for the investment and employment provided by TNCs. TNCs are otherwise formally accountable to their stockholders. The ability of CSOs to influence the behaviour of TNCs has depended on their ability to mobilize public opinion in order to impact TNCs through boycotts, lawsuits and other forms of public pressure. It appears that the influence of CSOs over the corporate sector is increasing. The protracted CSO campaigns of previous years (for instance, over the issue of breast milk substitutes) are now sometimes resolved more quickly, with the TNCs acquiescing, at least to some extent, to CSO demands. Some TNCs are also introducing or signing codes of conduct in order to avoid conflict with CSOs. Although there is considerable disagreement over how meaningful these codes are and how closely they are followed, they may represent a step forward in corporate responsibility as well as a benchmark against which TNC behaviour can be judged. These advances can be attributed in large part to the activities of CSOs.

Advocacy CSOs in the national arena

19. Just as a strong United Nations is important for the work of international advocacy CSOs, a strong state is important for CSOs working at the national level. Most CSOs do not see themselves as substitutes for the state even if they work in opposition to it. They attempt to influence the behaviour of the state, but often require an effective state for implementing and enforcing the policies they advocate. The activity of CSOs generally strengthens and improves the state through enabling participation, protecting citizens, and increasing accountability. However, in a severely weakened state or one in crisis, this role may not be possible.

20. As in the international arena, there is likely to be co-operation and collaboration between national CSOs and national politicians and policy makers. In reform-minded states in particular, there is often a great deal of movement of personnel between the CSO and public sector and communication between them.

21. However, the model of CSO activity in the national arena does not precisely parallel that of CSOs in the international arena. National CSOs are more likely to

take the form of membership organizations, which can be much more easily held accountable to their members than can most international CSOs. Labour organizations are one form of national level CSO in which formal mechanisms provide for the election of leaders and thus the accountability of the leaders to the members. Other membership CSOs (professional or special interest groups, for instance) also regularly hold elections, ensuring that they are at least minimally responsive to the concerns of their members. These types of membership CSOs can make a claim to be representative of certain groups, and they base their legitimacy and their mandate for lobbying on this claim and on the mechanisms through which members can hold the leaders accountable for their actions. Non-membership advocacy CSOs (for instance organizations working on behalf of free speech or of biodiversity), in contrast, must base their claim to legitimacy on moral grounds and on their ability to attract the support of the public.

22. Labour organizations have a unique position among national CSOs. They can play a pivotal role in times of crisis and have had a central place in social pacts in which CSOs, business and government discuss and negotiate economic policies. Labour usually must be accommodated in the reform process even when it has previously had relatively little influence, because the crisis that precipitates reform efforts is also a crisis for the state, which must reassert its legitimacy through negotiation with labour. In principle, the interests of labour organizations are compatible with the goal of increased social integration: workers' rights are civil rights that are necessary for democracy. Social pacts with organized labour provide a possible, though not necessary, avenue for increased participation in government, depending on the accountability of labour leaders to their constituencies and the relation of these constituencies' interests to the interests of the public at large.

23. Community-based organizations (CBOs) are a type of CSO that is organized around the particular needs of a specific community. Many CBOs have been successful in negotiating for improved environmental conditions, housing and other services from local authorities, and some have institutionalized and strengthened their position by establishing formal relations with local governments. However, there are many impediments to true partnerships between CBOs and local government. CBOs often depend on the goodwill of individual public officials, and are thus vulnerable to staff changes in the public service. Some seeming collaborations mask clientelistic relationships and practices. Even where strong community organizations do exist, collaboration with local authorities can begin a process of co-optation and demobilization within the organizations, as members struggle to adjust to the additional responsibilities asked of them.

II. NGDOs in project implementation and service delivery

24. Three recent developments – the increasing emphasis on good governance, the "new public management" model and the trend toward reduction in public sector responsibilities – have led to a massive increase in external funding for CSOs involved in service delivery or project implementation, here termed non-governmental development organizations (NGDOs). NGDOs, as part of civil society, are presumed to increase the accountability and transparency of government, and the NGDO sector

has thus been encouraged to expand with funds earmarked for it. The new public management (NPM) model assumes that the private sector is more efficient than the public sector at most tasks, and the state has thus been encouraged to divest itself from many aspects of public sector provisioning in favour of NGDOs. Finally, the demands of structural adjustment programmes for a pared down state sector have reinforced pressures to increase reliance on NGDOs. Half of World Bank projects now involve NGDOs at the implementation stage, and by the mid 1990s, NGDOs disbursed approximately 15 per cent of total public development aid.

25. The results of this trend have been mixed, and not entirely what had been expected. While in the past, NGDOs were relatively independent organizations that designed, funded and implemented projects meant to improve the well-being of specific limited groups of beneficiaries, recently NGDOs have been increasingly called upon to implement projects designed by others or even to deliver services once considered to be the responsibility of public agencies.

26. The size of the NGDO sector has grown exponentially as new organizations materialized to access the funds made available to them. NGDOs are widely believed to be efficient, flexible, innovative, and dedicated to serving the poor. However, very little is known about the scale at which these organizations operate or how effective they are. The evidence that does exist suggests that the advantages of NGDOs are often overstated. While they are at times efficient in reaching some sectors of the poor, they are not experienced in offering broad coverage. Their projects are rarely sustainable, and cost recovery is not possible without excluding the poor. There is no firm evidence of their efficiency or cost-effectiveness. There is no evidence that NGDOs have a comparative advantage over the public sector in any type of service delivery. Problems with NGDO services can include poor quality, lack of co-ordination with an overall development strategy, overconcentration and duplication of services in some areas (notably major cities) and lack of services in others. They seldom undertake any internal assessment of efficiency. NGDOs are unlikely to work within a strategic framework: they often have little analytical understanding of the causes of poverty or strategy to reach the poor. Because they are dependent on short-term funding, they are seldom involved in long term planning. The NGDO sector tends to be competitive and disjointed, with too little shared reflectiveness or institutionalized learning processes. In short, while some particular NGDOs have been very successful at what they do – and these have become well-known "success stories" – their successes tend to be unique to these particular organizations and not representative of the accomplishments of the NGDO sector as a whole.

27. Evidence for the structural shortcomings of the NGDO sector has been accumulating over the last two decades, and these shortcomings have become increasingly acknowledged even among the promoters of increased NGDO participation in development. However, hopes remain high that NGDOs can be a progressive force for development and social integration. These hopes are often based on an assumption that a pluralist state exists or can be promoted, and are founded on the history of NGDO evolution, and their origin as advocacy CSOs. Ideally, it is believed, the state and the NGDO sector will be capable of forming a productive partnership, with the state ensuring that a coherent policy framework is in place, and NGDOs contributing creativity, innovation and strong community links.

28. However, the NGDO sector is significantly different from what is was twenty years ago. Organizations that describe themselves primarily as advocates for the poor or oppressed but which also implement projects as part of their activities now form a much smaller proportion of the NGDO sector. In part this is because the sector has become overwhelmed by the huge number of new organizations formed to absorb the funding made available. These new organizations are often established and staffed by middle class managers seeking employment or a stepping stone to a higher position; in the worst cases they are the creations of opportunists with little commitment to their professed ideals. In addition, the increasing emphasis on contract type funding – part of the new public management programme – decreases NGDO innovation, as well as the sector's capacity for advocacy and campaigning. Thus organizations that were originally primarily advocacy CSOs increasingly emphasize NGDO activity.

29. In addition, the transition to democracy in many countries, while welcomed by the CSOs who promoted it, have shifted the dynamics of civil society organizations, with unexpected consequences. With their success, the role of CSOs working for democracy in resistance to authoritarian government has changed. CSOs have sometimes lost personnel to the new government, while their remaining personnel were left without a clear aim. They may also have lost funding as the attractiveness of their cause to external donors diminished. More fundamentally, the nature of grassroots movements changes under democracy. With their major political and legal objectives satisfied, their demands tend to become more material, while movements are transformed into organizations. Organization requires financial survival, and thus creates pressures toward hierarchy, decreased autonomy and decreased responsiveness to people. CSOs have increasingly turned to service delivery and project implementation contracts following democratic transitions. In some cases, patterns of clientelism have emerged as they changed their focus to material demands and organizational self-maintenance rather than societal transformation.

30. This does not imply that there are no remaining progressive NGDOs functioning as agents for human development. Rather, it means that the pressures operating within the NGDO sector favour the development of organizations that emphasize service delivery rather than those emphasizing participation and social integration. There are several ways in which the outcome of NGDO activity can be improved, and progressive NGDOs can be strengthened. First, NGDOs that make a unique contribution to development and social integration should be recognized and encouraged. The NGDO sector is largely donor-driven, and thus donors have a special responsibility for identifying and supporting such NGDOs. Donors should allocate funding less on the basis of their particular project priorities and more on the basis of the characteristics of the organizations they support. Progressive NGDOs, although they may meet needs through concrete projects, continue to use the language of rights. Three criteria for funding have been suggested: 1) NGDOs should represent an authentic response to community needs rather than a response to funding fashions; 2) NGDOs should be concerned above all with meeting the needs of disadvantaged groups or protecting the environment, rather than working in their own organizational or pecuniary interests; 3) NGDOs should give voice to those who would otherwise not be heard in the existing political space. International funding can help exemplary organizations that meet these criteria to engage in criticism and

advocacy. However, there is always a risk that international funding will weaken an organization's ties to the public and strengthen hierarchical tendencies within it.

31. The second way to enhance the contribution of NGDOs to development is to recognize their potential strengths and work to reinforce these strengths. NGDOs are widely admired for their ability to work creatively and flexibly, yet it is these very characteristics that have most suffered from the growth of contract funding. Creativity requires independence. Benefiting from creativity requires an institutionalized learning process, and, just as importantly, permission to fail. Initiatives can only risk failure if they are non-essential; that is, if they are not required to replace essential government services. A creative learning process that would contribute new insights to development problems and solutions would thus require a network of independent organizations, adequately and non-conditionally funded, which are capable of self analysis and communication. The experimental nature of the activities of such organizations would necessarily limit their immediate impact, but their cumulative impact over the longer term would fulfil some of the early promise of NGDOs.

32. Third, if NGDOs are to make a significant contribution to development, caution should be used when employing NGDOs as alternative providers of public services. NGDOs cannot replace the state social sector for many of the reasons noted above. They often reproduce local level inequalities or clientelistic relations – in some circumstances they are more likely to do so than are public employees, who often work outside of their home area. The restricted nature of the service NGDOs provide, their uneven reach, inconsistent quality and sporadic coverage, all limit their suitability for taking a leading role in public sector provisioning.

33. The most important factor that should limit the use of NGDOs as alternatives to the public sector, however, is the issue of accountability. If NGDOs are to fill gaps left by the state they must have clearly defined responsibilities and they must be overseen. That is, they must be held accountable for their activities in a very clear and concrete way. In most cases, they should be held accountable to the government with which they are collaborating. Although in principle NGDOs should be accountable to their beneficiaries as well, in practice it is seldom possible to institute adequate mechanisms to ensure such accountability. People are accustomed to viewing NGDO activities as supplemental to the services they can expect from government; they are not used to making demands on NGDOs or to making complaints against them. Furthermore, it can be argued that people should not be encouraged to demand accountability on the part of NGDOs in lieu of the state. Even if the state subcontracts service provisioning to non-public agencies, the state must ultimately be held responsible for the well-being of its citizens.

34. In some cases in which governments do not meet this responsibility, donors (including the UN and other international agencies) may feel they can require more accountability and transparency from NGDOs than they can from governments, and in countries in which social service delivery is not universal, NGDO services may well be an improvement. However, it is not always productive to set NGDOs against the public sector. NGDOs are now increasingly being used as a lever to dislodge public sector employees in the interests of efficiency: by subcontracting service provisioning

to NGDOs, the public sector can be reduced, and the work it performs is in effect informalized – it is carried out by a "flexible" labour force that enjoys few benefits and no job security. Whether the outcome is efficient in the short term is an empirical question, the answer to which varies under different conditions. In addition, any initial gains in efficiency must be set against possible longer term reductions in effectiveness and efficiency as the quality of the labour force declines. More generally, the government's progressive withdrawal from service delivery may also weaken its capacity to properly monitor, evaluate and formulate effective strategies for service delivery.

35. Finally, although there are clear pressures for the NGDO sector as a whole to move away from its advocacy CSO roots, there are still opportunities for NGDOs to make a unique contribution to social integration. Their primary focus on project implementation or service delivery does not mean they have no opening for political activity. In fact, a great deal of political space exists at the level of policy implementation, and choices made at this level may have a real impact on the outcome of policy. The paradox, however, is that as NGDOs become increasingly institutionalized and oriented toward service delivery contracts, they become less interested in taking advantage of such political space to benefit the poor.

Conclusions

36. On the national level, advocacy CSOs can be moderating or constraining influences on the state, or they can be co-opted by the state. They may work for improved participation and equity, or they may seek to block change that will detract from the privileges of the elite. CSOs serve as mediators between people and policy makers: they give voice to those who may otherwise remain silent even in representational democracy, and they articulate and channel grievances. CSOs are thus an essential element of democracy, but they are not sufficient for it. If the national CSO community as a whole is to make a positive contribution to participatory development, the diverse and competing elements of it must ultimately contribute to the formation of a political system that works in the interests of its people.

37. To enhance the contribution of CSOs to democratic processes it is important to have an open public space for debate. However, in the international arena, northern CSOs have a huge advantage over their southern counterparts given their privileged access to funds for travel, communications technology and the international media. The former may also benefit from their command of the English language and proximity to key institutions influencing development policy. Conditions for participation in the international arena should thus be equalized to the greatest extent possible. Funding for travel, participation in conferences, research and publications should be made available to southern CSOs. Opportunities should be created in which civic actors can meet and exchange ideas, and allow them to coalesce around common agendas.

38. On the national level, in many countries, advocacy CSOs are increasingly being overshadowed by NGDOs. The growth of the NGDO sector may be useful in specific

cases. But it is essential that their activities are not seen as a replacement for public sector activities unless there exists a capacity for oversight to ensure the coverage, quality and accountability of NGDO activities. Such a capacity is only likely to exist in states which have little need of NGDOs to "fill the gaps."

39. It is increasingly agreed that NGDOs have had a relatively minor cumulative impact on development. It may also be unreasonable to expect them to have done more: it is unfair to develop inflated expectations of the NGDO sector and then blame NGDOs for not living up to expectations. The questions that should instead be addressed are whether NGDOs are having an impact commensurate with their levels of funding, and whether they are contributing something useful to development. Unfortunately, NGDOs that show true originality, creating or exploring new avenues for development, are now more often the exception rather than the rule. NGDOs are more often guided by donor interest and changing international development fashions; they are more likely to bring international fashions to the grassroots level than to bring grassroots insights into the international arena.

40. Many NGDOs have their origins in advocacy CSOs, and if they consciously attempt to return to these roots, their contribution to social development is likely to grow. To do this, NGDOs must renew their emphasis on a rights-based, rather than a needs- based approach to development. Rather than simply providing services or projects, NGDOs should ideally strengthen the democratic process. However, such idealism may be more than can be expected from the majority of NGDOs as they become more concerned with service-delivery and donor dependent: it has been estimated that 90 to 95 per cent of NGDOs would vanish without external funding.

41. Because of the huge diversity of environments within which CSOs, including NGDOs, operate, as well as the diversity among CSOs themselves, there is no universally appropriate strategy that can be developed with regard to them. In assessing policy options, the different types of CSOs, their strengths and their limitations, must be understood. All actors need monitoring and counterweights, and CSOs are part of a system of checks and balances that is necessary, though not sufficient, to make progress toward human development and social integration possible. CSOs have an essential role to play in the democratic process, for which they should be supported and encouraged, However, they must be effectively monitored, questioned and evaluated by governments, donors, international agencies, other civil society organizations and public opinion, which is rarely the case at present.

Bibliographic note

This report draws on the following papers:

Yusuf Bangura, **Globalisation, Technocratic Policy-Making and Democratisation**, mimeo, UNRISD, 1999

Björn Beckman, **Labour Unions, Social Pacts and Democratization**, mimeo, UNRISD, 1999

Andrew Clayton, John Taylor and Peter Oakley, **Civil Society Organizations and Service Provision**, mimeo, UNRISD/INTRAC, 1999

Riva Krut, **Globalization and Civil Society: NGO Influence in International Decision-Making**, UNRISD Discussion Paper No. 83, 1997

John Foster, **Civil Society Engagement in International Decision-Making**, mimeo, UNRISD, 1999

Joe Foweraker, **Grassroots Movements, Political Activism and Social Development in Latin America: a Comparison of Chile and Brazil**, mimeo, UNRISD, 1999

Alan Fowler, **Civil Society, NGOs and Social Development: Changing the Rules of the Game**, Geneva 2000 Occasional Paper No. 1, UNRISD, Geneva, January 2000

Dan Gallin, **Trade Unions and NGOs in Social Development – a Necessary Partnership**, mimeo, UNRISD, 1999

Rosalind Petchesky, **Reproductive and Sexual Rights, Social Development and Globalization: Charting the Course of Transnational Women's NGOs**, mimeo, UNRISD, 1999

Charles Reilly, **Weighing In: Can Citizens Bank on Bankers?**, mimeo, UNRISD, 1999

David Westendorff, **Volunteer Action and Local Democracy: A Partnership for a Better Urban Future**, mimeo, UNRISD, 1999

United Nations

A/AC.253/16/Add.7

General Assembly

Distr.: General
10 February 2000

Original: English

Preparatory Committee for the Special Session of the General Assembly on the Implementation of the Outcome of the World Summit for Social Development and Further Initiatives
Second session
3-14 April 2000
Item 2 of the provisional agenda*
Preparations for the special session of the General Assembly on the implementation of the outcome of the World Summit for Social Development and further initiatives

Review reports and proposals for further action and initiatives submitted by organs and specialized agencies of the United Nations system and other concerned organizations

Note by the Secretary-General

Addendum

Contribution from the United Nations Volunteers Programme**

1. The Preparatory Committee for the Special Session of the General Assembly on the Implementation of the Outcome of the World Summit for Social Development and Further Initiatives, in paragraph 14 of the annex to decision 1,[1] invited the United Nations Volunteers programme, the focal point for the international Year of Volunteers, to report on the role of volunteering in the promotion of social development and to make proposals thereon.

2. The Secretary-General accordingly circulates herewith, for the information of the Preparatory Committee, the report prepared by the United Nations Volunteers programme in response to that request.

Notes

[1] *Official Records of the General Assembly, Fifty-fourth Session, Supplement No. 45* (A/54/45 and corrigendum), chap. VI, sect. B.

* A/AC.253/12.

** The report is being issued herewith as received in the language of submission only.

00-28950 (E) 180200

Volunteering and Social Development

Introduction

1. At the Copenhagen World Summit on Social Development in 1995 some 117 countries pledged to implement ten commitments to alleviate poverty, promote full-employment and secure social integration. Although volunteering was not specifically mentioned in Copenhagen, reference was made to the important role played by voluntary and community organisations in social and economic advance.

2. At the first Preparatory Committee for the special session of the General Assembly on the Implementation of the Outcome of the World Summit on Social Development held in May 1999, the Government of Japan proposed that the importance of volunteering for social development be addressed in the Special Session. United Nations Volunteers (UNV), as focal point for the International Year of Volunteers 2001, was invited to report on this matter and to make proposals for further initiatives to the special session of the General Assembly in June 2000. To facilitate the preparation of this report, UNV organized an international meeting of experts in the field of volunteering from all regions drawn from the public, private and voluntary sectors IN New York on 29 and 30 November.

3. This report takes as a point of departure the notion that volunteering plays a significant part in the welfare and progress of industrialized and developing countries and is the basis of much of the activity of non-governmentalorganizations, professional associations, trade unions and decentralized government services. It is, moreover, a basic vehicle by which youth, older persons, disabled people, families and other social groups participate in the cultural, economic and social life of nations. The extent and impact of volunteer action, however, goes largely unrecorded and the effect of policy measures on the willingness and ability of individuals to volunteer has, so far, been given limited consideration at both national and international level. By focusing on voluntary behavior, the international community has an opportunity to reinforce the means and capacities of people from all parts of society to engage in civic activities to the benefit of their nations, their communities and themselves.

4. The report is divided into four sections. Section 1 sets out the parameters for the discussion by looking at the definition of volunteering and the various forms it takes in different regional and national contexts - from self-help and participation to service provision and campaigning. Section 2 examines the benefits of volunteering both for society at large and the individual volunteer, focusing on the three key priority areas of the Copenhagen Declaration and Programme of Action: social integration, poverty alleviation and full employment. Section 3 focuses on key issues in volunteering, including globalisation and relations with the state and market. Section 4 offers recommendations to governments for strengthening and supporting volunteering.

Section 1: Definitions and Forms

5. Volunteering takes different forms and meanings in different settings. It is strongly influenced by

the history, politics, religion and culture of a region. What may be seen as volunteering in one country may be dismissed as low paid or labour intensive work in another. And yet, despite the wide variety of understandings, it is possible to identify some core characteristics of what constitutes a voluntary activity.

6. There are three key defining characteristics of volunteering. First the activity should not be undertaken primarily for financial reward, although the reimbursement of expenses and some token payment may be allowed. Second, the activity should be undertaken voluntarily, according to an individual's own free-will, although there are grey areas here too, such as school community service schemes which encourage, and sometimes require, students to get involved in voluntary work and Food for Work programmes, where there is an explicit exchange between community involvement and food assistance. Third, the activity should be of benefit to someone other than the volunteer, or to society at large, although it is recognised that volunteering brings significant benefit to the volunteer as well.

7. Within this broad conceptual framework it is possible to identify at least four different types of volunteer activity: mutual aid or self-help; philanthropy or service to others; participation or civic engagement; and advocacy or campaigning. Each of these types occurs in all parts of the world. However, the form each type takes and the balance or mix between different types differs markedly from country to country. Factors influencing the nature of volunteering include the economic, social and political make up of the country and its stage of development.

Mutual Aid or Self-Help

8. In many parts of the developing world mutual aid or self-help constitute the main system of social and economic support. From small informal kinship and clan groupings to more formal rotating credit associations and welfare groups, volunteering as an expression of self-help or mutual aid plays a primary role in the welfare of communities. Self-help also plays an important role in countries of the industrialised North, particularly in the health and social welfare field, where numerous organisations have been established to provide support and assistance to those in need, often organised around a particular disease or illness.

Philanthropy or Service to Others

9.Philanthropy or service to others is distinguished from self-help in that the primary recipient of the volunteering is not the member of the group him or herself, but an external third party, although most people would acknowledge that there is an element of self-interest here. This type of volunteering takes place typically within voluntary or community organisations, although in certain countries there is a strong tradition of volunteering within the public sector and a growing interest in volunteering in the corporate sector. There is also a long-standing tradition of volunteers being sent from one country to another to offer developmental and humanitarian assistance, both North to South and South to South.

Participation

10. Participation refers to the role played by individuals in the governance process, from representationon government consultation bodies to user-involvement in local developmentprojects. As a form of volunteering it is found in all countries, although it is most developed in countries with a strong tradition of civic engagement. Participation was recognised as an essential component of good governance at the Copenhagen Summit and has become the watchword of development in recent years, although there is a forceful critique which argues that much of what has passed for participation has been little more than token involvement and a means of legitimising outsiders decisions.

Advocacy or Campaigning

11. Advocacy or campaigning may be instigated and maintained by volunteers, sometimes described as activists, lobbying government for a change in legislation affecting the rights of disabled people or pushing for a worldwide ban on landmines, or for the introduction of anti-racism measures. Volunteers have paved the way for the introduction of new welfare services in the field of HIV and AIDS, have raised public consciousness about abuses of human rights and environmental destruction, and have been active in the women's movement and in democracy campaigns in many parts of the world. Some campaigns are very localised others are global in their reach. The anti-landmine campaign, for example, is estimated to have involved more than 300 million volunteers from over 100 countries.

Section 2: The Benefits of Volunteering

12. Volunteering brings benefits to both society at large and the individual volunteer. It has a role to play in contributing to each of the three priority areas outlined in the Copenhagen Declaration and Programme of Action: social integration; poverty alleviation and full employment.

13. First, volunteering makes an important economic contribution to society. In the few countries where volunteer work has been empirically studied, the contributions are estimated at between 8% and 14% of Gross Domestic Product. Given the impact of most legislation on the willingness and ability of individuals to volunteer their time (such as length of working week, school-leaving and retirement age, and measures affecting women's participation in the labour force), there is clearly a case on economic grounds alone for factoring into government considerations measures conducive to promoting a favourable environment for volunteering in all sectors and by all citizens.

14. Second, participation has long been seen as an essential element of good governance and development. Volunteering is a key means by which individuals articulate their engagement as citizens, and by building trust and reciprocity among citizens volunteering contributes to a more cohesive, stable society. One much quoted observer, Robert Putnam, has concluded that variances in performance among different parts of countries can be accounted for largely by differences in what he terms "social capital" characterized by participation in voluntary associations, or horizontal

"networks of civic engagement". Political stability and economic progress may be as much linked with social interaction as with human and physical capital. One manifestation of this is the growing body of evidence to show an inverse correlation between levels of communal strife and levels of cross-cutting civic engagement.

15. Third, volunteering helps to integrate into society people who are excluded or marginalised. For example, for people with disabilities participating in volunteering challenges negative stereotypes of disabled people as passive recipients of care. Likewise volunteering for young people offers opportunities for self-development and provides a valuable grounding in the practice of citizenship. For older people volunteering contributes positively to the process of 'active aging' by helping the newly retired adjust to life without the structure of the workplace and by improving physical and mental well-being.

16. Fourth, volunteering has a role to play in promoting full employment by enhancing the employability of unemployed people. For those in search of paid employment, volunteering can boost self-confidence, provide access to workplace networks and an opportunity for the development of specific marketable skills. Volunteering can also lead to the creation of new jobs by developing services which are later taken over by the state and market and turned into paid jobs. For example, the innovative response from volunteers worldwide to the HIV/AIDS epidemic has led to the creation of thousands of paid jobs in the public and private health sectors.

17. Despite these benefits, in many countries there is an inverse relationship between volunteering and social exclusion. The most marginalised groups in society are the least likely to participate. The barriers to participation are well-documented: poverty, unemployment, youth alienation, poor organisational practice. For volunteering to contribute most effectively to social integration it is essential that opportunities for greater involvement are opened up to people from excluded groups.

Section 3: Issues and Challenges for Volunteering

Globalisation

18. Volunteering is under pressure from the forces of globalisation. In the countries of the industrialised North there is concern that volunteering may be in decline, fuelled by a reduction in religious attachment, the break-up of traditional communities, and an increase in individualism. In the developing world concern has been expressed that economic retrenchment and cuts in public services are placing an intolerable burden on volunteers in community groups and mutual aid associations. In many countries the entry of more women into the paid labour market threatens to reduce the availability of volunteers, particularly in the care field; while a decline in civic involvement among young people has raised fears for the very future of volunteering. The Human Development Report for 1999 singled out caring labour as an essential facet of economic sustainability. The Report states that this often overlooked and little studied but essential part of human development, which is one manifestation of volunteering, is being squeezed by globalization.

It is a fundamental issue that should be of concern to all societies.

19. Not all trends, however, are working against volunteering. The aging of the population common to many parts of the world is increasing the burden on volunteer care services but it is also opening up new opportunities for voluntary work among the new and increasingly active Third Age. Although developments in communication technology run the risk of reducing social interaction, they also open up new opportunities for voluntary activity. The Internet has proved to be a powerful resource for community and campaigning groups in the spread of ideas and the mobilisation of recruits. The spread of global information technology opens up new opportunities for home-based involvement in volunteering for groups such as the disabled who were previously excluded from participation. It also provides an intergenerational bridge between youth and older people as mentoring programmes on the part of youth towards their elders inverts the conventional learning paradigm.

Relations with the State

20. Theories of market or government failure suggest that volunteers will step in to fill any gaps left by the withdrawal of business or the state. This has raised the concern that governments might be tempted to cut back on public spending in the knowledge that volunteers will pick up the pieces. Volunteers have long played a role in developing new services in response to human need - the hospice movement and the development of services for those with HIV and AIDS - being two recent examples. But there is little evidence to support the notion that volunteering will thrive in the absence of the state. Volunteering benefits from a healthy public sector. Rather than substituting for public services, volunteering complements and feeds off them.

21. Volunteering is a cost effective way of providing a range of social and welfare services. But it is not cost free. To flourish it requires an effective infrastructure, both at national and local level, to help mobilise support and match volunteers to appropriate organisations and tasks. Governments have a role to play in funding this infrastructure and in ensuring the requisite legal and fiscal framework is in place.

Relations with the Market

22. In recent years the private sector has begun to take an interest in volunteering. Both as part of a broader community investment strategy and as a means of staff development, businesses have been developing schemes to support their staff in voluntary activities in the community. Such schemes take on a variety of forms. Some employers provide time-off with pay for their staff to volunteer; others provide financial support or assistance in kind. Some employers organise a company volunteering scheme; others prefer to recognise and support existing staff involvement with non profit organizations. Whatever the precise model, evidence suggests that employer-supported volunteering increases staff skills, morale and loyalty towards the company and it also enhances the standing of business within the local community.

Section 4: Government Support for Volunteering

23. Given the diversity of volunteering it is not possible to put forward universal models for its development. What works in one country may not work in another with very different cultures and traditions. Volunteering is a product of its environment and a government scheme for promoting volunteering in Western Europe or North America may not be appropriate for Latin America or southern Africa. This is not, however, to say that lessons can not be learned and practice exchanged. Countries in the North may well hold lessons for the countries of the South keen to develop more institutionalised forms of volunteering. Similarly, models of mutual aid and community development originating in the developing world may well hold lessons for the developed world.

24. Government support for volunteering can take several forms which can be summarised under the following six headings: developing a strategic approach; raising public awareness; promoting youth volunteering; establishing an enabling environment; promoting private sector support; and influencing international organisations. Examples of concrete action governments can take under each of these headings are given below. All such action should be based on the following core principles:

- Governments should develop policies to support volunteering which are appropriate to the nature of volunteering in their particular country
- In developing such policies, governments should work in partnership with key stakeholders, including the voluntary and private sectors
- Governments should avoid the temptation to try and direct volunteering to meet their own ends and should recognise the essential independence of volunteer action.

Developing a Strategic Approach

25. In some countries governments have developed an overall, integrated strategy for promoting volunteering, in partnership with other key stakeholders from the voluntary and business sectors. The elements of such a strategy will differ from country to country but might include:

- Establishing a dedicated Unit within government for coordinating policies on volunteering and liaising with the voluntary sector and private sector as applicable
- Establishing a Budget-Line within government for funding volunteering initiatives
- Promoting the increased involvement of volunteers within the public sector
- Creating opportunities for civil servants to be seconded to voluntary organisations
- Funding an effective infrastructure within the voluntary sector at national and local level to facilitate the involvement of volunteers.

Raising Public Awareness

26. Governments can help raise public awareness about the value of volunteering and the opportunities to volunteer by, for example:

- Carrying out or funding basic research on the level of volunteering and its contribution to society in social and economic terms
- Working with the broadcast and print media to promote a positive image of volunteering and the opportunities for involvement
- Harnessing the power of information technology to direct people to available volunteering opportunities
- Recognising the contribution of volunteers through an awards system applicable to the society concerned
- Organising high profile events or 'days' to publicise the work of volunteers.

Promoting Youth Volunteering

27. Demographic changes in some regions are resulting in an alienation of young people with concomitant social problems. On the other hand, volunteering is vehicle for youth to acquire both technical and life skills. Moreover, evidence suggests that people who start to volunteer at a young age continue to do so throughout their lives. In some countries participation by young people appears to have declined while in others it has increased. In most cases there has been a shift away from more traditional forms of volunteering towards 'newer' more dynamic forms of activity, such as environmental protection. Governments have a role to play in promoting volunteering among young people by, for example:

- Promoting volunteering within the education and youth services
- Developing specific programmes to encourage youth volunteering
- Developing systems to recognise and accredit volunteering
- Working with the media and other stakeholders to present a more attractive, up-to-date image of volunteering.

Establishing an Enabling Environment

28. Governments can support volunteering by establishing an enabling legal, fiscal, and policy environment. This might include:

- Legal provision to ensure due protection for individuals who wish to volunteer their time as is the case for paid labour
- Tax incentives to encourage the setting up and funding of volunteer schemes in all sectors of society
- Reviewing all new (and existing) legislation with a view to enhancing the positive, and minimising the negative, impact on volunteering.
- Increasing citizen participation in all aspects of public administration, from planning and policy making to service delivery, monitoring and evaluation.

Promoting Private Sector Support

29. Governments can encourage the private sector to support volunteering by:

- Developing public/private partnerships which promote the involvement of volunteers
- Offering tax and other incentives for companies to support their staff in volunteering schemes

Influencing International Organisations

30. Governments should encourage international organisations such as the United Nations and the World Bank to develop their own strategies on volunteering, which might cover:

- Interaction with organizations with large volunteer components
- The involvement of volunteers in carrying out their own programmes
- The development of schemes to encourage their staff to volunteer.